

cured was ever collected by the Bedowins. As with the aloes, this appears to be consequent on there being no regular demand."—*Ibid.* T. R. B.

12. *Ointment for Itch.*—Dr. DE LA HARPE, chief physician of the Hospital of Lausanne, gives in the *Gazette Médicale de Paris* (July, 1840,) the following formula for an ointment which he says he has very successfully employed in the treatment of upwards of 400 patients. Flowers of sulphur 16 parts, sulphate of zinc 2 parts, powder of white hellebore 4 parts, soft soap 31 parts, lard 62 parts.

The mean duration of treatment with this ointment was in 1836 eighteen, in 1837 fifteen, in 1838 eleven, and in 1839 ten days.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

13. *Spasm of the Glottis dependent on some unknown sympathy, or some remote influence possessing no traceable communication.*—Professor PORTER made some interesting observations on this subject to the Surgical Society of Ireland, a report of which we transfer to our pages from the *Dublin Medical Press*, (29 Ap. 1840.)

The records of surgery, Prof. Porter remarked, are full of cases which lead us to believe in the existence of this affection. A very remarkable case of the kind is given by Mr Kirby in the second volume of the Dublin Hospital Reports, in which a piece of beef stopped in the œsophagus below the cricoid cartilage, and in which the man died of spasm of the glottis without any sign or appearance of pressure on the larynx sufficient to account for death. Dr. Stokes gives a case of spasm of the larynx from the stoppage of a piece of money in the œsophagus. Perhaps one of the most satisfactory cases of the kind occurred in a child which was left alone in a room by its mother, playing about. On her return, she found it in a state of suffocation, and brought it to the Meath Hospital. On examining the fauces, I thought I could feel something in the œsophagus. I administered a brisk emetic, and this iron ring which I hold was thrown up out of the œsophagus. The child was suffering from violent spasm, and would, in all probability, have died if the ring had not been rejected, and yet any one who inspects it will perceive at once that it could not produce such a degree of pressure on the œsophagus as to endanger life. Another case in which a piece of soft bread stuck in the œsophagus of a child was attended with similar symptoms of suffocation, and relief was obtained by pushing it down into the stomach with a probang. All these cases you will say are presumptive, but not positive proofs of the affection I speak of. I turn now to two cases to prove that there may be such a thing as spasm of the larynx from such influence, and that this unknown sympathy may be carried so far as to destroy life. In July, 1837, I was called to see a case of acute laryngitis; the case was attended by myself and a gentleman well known as an excellent stethoscopist. I went, and finding the man in a state of suffocation, opened the trachea. He was pronounced by the stethoscopist to be labouring under acute laryngitis. After the operation the man expressed great relief; he appeared as well as any person I ever saw after an operation, and yet in the course of three days he died. On examination after death, I found the larynx as sound and healthy as ever I had seen it in my life; death had been produced by the bursting of an aneurism of the aorta. Yet, so urgent were the symptoms of spasm of the glottis, that the man would have died in a few hours if he had not been operated on. But perhaps this case does not go far enough. It may be said, that the aneurismal tumour might have pressed on the recurrent nerve, and that this by paralysing one set of muscular fibres might have caused the rest to act spasmodically.

I come now to speak of a different case altogether, a case in which there could be no pressure likely to affect the functions of the glottis. I think it was in the

month of December last, a child was brought to the Meath Hospital, who was said to have swallowed a stone. I examined him with the stethoscope, and found the usual indications of the presence of a foreign body in the trachea. In the course of a few hours after admission, the child was seized with a paroxysm of suffocation and difficulty of breathing, resembling that which occurs in acute laryngitis, and appeared almost moribund. I made a free incision into the trachea, with perfect relief to the child, but could not succeed in finding the stone; the breathing became quite relieved, the mechanical obstruction remaining still the same. He remained tolerably quiet for a few days, until the wound of the trachea began to close, when the symptoms of suffocation again returned, and to such a degree as obliged me to open the trachea again. I operated with the same success as before, and every thing went on well until the wound began to heal, when the recurrence of spasmodic symptoms obliged me to operate a third time. I now kept the wound open, every thing went on well, and in a short time afterwards the stone was expelled by coughing, in the natural way, and not through the wound. This proves that there may be spasm of the glottis from a remote influence, and independent of any direct irritation of the larynx, for in this instance however the stone might interfere with the passage of air into the lungs, it never interfered with the functions of the larynx, or brought life into danger as long as the opening in the trachea remained pervious. Here then are cases to prove that there may be spasm of the glottis, independent of direct irritation of the larynx, and connected with some remote influence, and attended with symptoms of such intensity as to require an operation to preserve life. There is another point in the last case I detailed, which I shall direct attention to, although it does not exactly bear on the subject under consideration. I have now in my memory a recollection of four cases of foreign bodies, loose and moving freely in the trachea, in which an operation was performed, and yet the foreign body was not got rid of for a considerable time. The first of these cases occurred in 1837, in the practice of Mr. Cusack. Before the operation, the foreign body could be felt moving so freely up and down the trachea, that we were sure it would be expelled with considerable force, and shut down the window sash, lest it should be driven through the open window and lost. The boy was operated on, but the foreign body was not expelled, nor could it be got out. It was thought necessary to enlarge the opening in the trachea once or twice, but without any effect. At last the boy's father got tired, and took him down to the county of Waterford; while he was on the journey the stone was thrown up through the natural passage. Here is a stone taken from the trachea of a child, on which I operated some time since. You will perceive that its long diameter is greater than the transverse diameter of the trachea of a child three years old. If it was thrown with its long diameter, in the long diameter of the trachea, it might have been expelled by a fit of coughing. In conclusion, I may observe, that I have seen some instances in which foreign bodies lay in the trachea for a considerable time, without exciting much inconvenience. In a case operated on by Dr. Houston, a double tooth with large fangs, lay for a considerable time in the trachea without causing much annoyance, and Mr. Liston has given a case, of a sharp piece of bone lying in the trachea for six months.

Dr. BEATTY observed that Prof. Porter's observations went to establish, what he, Dr. B. believed to be the fact, viz.—that spasm of the glottis is capable of being produced by a variety of causes, and that authors such as Kopp, who attributes the disease in children to enlargement of the thymus gland, or Dr. Lee, who attributes it to paralysis of the nerves of the larynx, have taken a narrow and imperfect view of the question. Their views are not to be looked upon as explaining the nature of spasm of the glottis; for the cause of the disease, as Mr. Porter has shown, was not single but manifold. Some cases which he had already brought before the public, bore on this view of the case, for he had shown, that irritation in a distant part is not unfrequently the cause of spasm of the glottis. He was convinced from circumstances which had come under his notice, that spasm of the glottis was one of the earliest symptoms of incipient hydrocephalus. He had seen it occur in children, who had afterwards exhibited

unequivocal symptoms of hydrocephalus, verified by dissection, and in whom, no trace of laryngeal disease could be discovered. In almost every one of the cases, the most prominent symptoms were crowing inspiration and paroxysms of suffocation. He did not, however, mean to say, that the spasm of the larynx was to be referred in all cases to irritation of the brain, for it is often seen in connection with enlargement of the thymus gland, and other affections. The consideration of this subject was also important, as leading to a more accurate examination in all cases where any symptom of spasm of the glottis appeared among children. Some children have the crowing inspiration at a very early period of infancy; they awake out of sleep with it, and are apt to lose their breath from trifling causes, as for instance, from the act of swallowing fluid. The symptom is too often overlooked, or if noticed, is frequently attributed to disease of the stomach, but the practitioner who is acquainted with its real nature, will pay the most watchful attention to the state of the brain. The cases brought forward by Professor Porter, showed that spasm of the glottis may be superinduced by the agency of remote causes. The fact of irritation of the larynx from disease of the brain, could be understood to a certain extent, for the influence of the brain on the muscles of the larynx, was a point established by repeated observations. There is another affection however, which, although merely one of function and not connected with organic disease, appears in some instances capable of producing very violent spasm of the glottis. Dr. Beatty had witnessed some instances of this, and had seen it go very far, in fact so far, that many persons would look upon it as demanding an operation. On these grounds Dr. Beatty looked upon Professor Porter's communication, as one of great interest.

Dr. Houston said a circumstance had occurred to him, which tended to bear out the views put forward by Prof. Porter. The case to which he alluded, occurred when he was a student. It was one of aneurism of the arteria innominata, just where it lies on the trachea. It was a flattened sac, not as large as a walnut, simply adhering to the outer surface of the trachea, without any communication with it, or without exciting any inflammation or morbid change. Yet the patient died with symptoms of croup—with violent spasmodic contraction of the muscles of the larynx, incessant cough, and difficulty of breathing, but without any appreciable sign of pulmonary disease. On examination after death, the glottis was found quite pervious, and there was no reason to think that the pressure of the aneurismal tumour could be such as to give rise to the fatal termination.

Professor PORTER said that a case similar to that alluded to by Dr. Houston, had been given by Mr. M. Collis, and that the preparation was in the museum at Park street.

Dr. GEOGHEGAN said there could be no doubt that disease of the brain was sometimes the cause of this spasm of the glottis. There was also another cause which was known to produce it, he alluded to painful and difficult dentition.

14. *On Nervous or Spasmodic Asthma.* By ROBERT J. GRAVES, M. D.—It is evident, that to account for the spasmodic symptoms of asthma, we need not have recourse, with Doctor Clutterbuck, to the diaphragm or intercostal muscles, but to the muscles of the trachea and bronchial tubes themselves; on the whole, therefore, we may conclude, that those who have returned to the opinions professed by our predecessors, are not so much mistaken as their opponents pretend. Even when the paroxysm is intense in degree and duration, where the patient is obliged to sit up half the night; where any attempt to lie down produces symptoms of asphyxia; where hours are spent in extreme distress with lividity of face and lips, gasping, loud wheezing, and great fullness of the vessels of the head and neck; even under all these circumstances, the attack may be nothing but a fit of pure spasmodic asthma. A person thus affected may spend a whole night in the way I have described, and yet, towards morning, he may sleep a few hours, and awake refreshed and comparatively free from dyspnoea, and in the course of the day may be able to go up stairs quickly, run, ride, even hunt without difficulty. I have in my recollection, the cases of several young men subject to severe paroxysms of asthma for five or six nights in succession, and

who, immediately after the paroxysm disappeared, could use any active exercise as well as the most vigorous and healthy of their companions.

These facts establish the existence of a disease deserving the name of spasmodic asthma, and show that very violent paroxysms of difficult breathing may occur in persons free from organic affection of the heart or lung. When, however, any permanent change in the structure of the respiratory or circulating apparatus exists, then such changes become the exciting causes of paroxysms of dyspnoea, often closely resembling true spasmodic asthma, but readily distinguishable from it, if due attention be paid to the history of the patient's sufferings and his state between the fits. I have now met with so many cases of young persons in whom no trace of any organic complication existed, that it seems to me more than probable, that spasmodic asthma is not so rare a disease as is imagined. In a little boy, some particulars of whose case I formerly published, the attacks were frequent, violent, and to all appearance, purely spasmodic; he got a very severe paroxysm of gout (hereditary from both his father and mother) in his foot, and has never since had asthma, though four years have now elapsed, and he has been subject to all the excitement and violent exercises of a public school. Mr. Fleming, now of the Isle of Man, and Sir Philip Crampton, attended with me a young gentleman, aged about twelve, who was subject to violent dyspnoea, increased by even the most gentle exercise; indeed for many months he could not walk even quietly in his room, without incurring the risk of suffocation for want of breath, attended with palpitation, wheezing, and all the symptoms of approaching asphyxia; every remedy we could devise was tried most perseveringly for a year, without the slightest benefit, when he got typhus fever, from which he narrowly escaped, but since his recovery, he has never had even the least vestige of his former complaint. These two cases exemplify, in a remarkable manner, the influence which the general state of the constitution often exerts on local affections.

Asthma, like all other nervous diseases, is subject to the most unaccountable variations, and is most uncertain as to the effects which our remedies, or the influence of physical agencies, produce. The following is an example. In December, 1839, I attended two gentlemen residing in the same street, and each about forty-five years old; neither was liable to any other disease, and they were both short and stout; on a very cold morning I found one of them very ill indeed; he had not slept at all during the night, and had every moment been on the point of smothering from asthmatic dyspnoea. The extreme violence of the paroxysm he attributed to the fact, that his bed-room chimney had smoked occasionally during the night, and the weather was so cold, that he was afraid to open the window to let out the smoke. I ordered him to change his room, and I then proceeded to visit his neighbour, and found him sitting in a room full of smoke; he apologized to me for introducing me into so disagreeable an atmosphere, and explained, that when the fit of asthma became very bad, the only sure means of obtaining relief, which he knew of, was to get a good coal fire lighted in the grate, which being done, he made his servant occasionally obstruct the progress of the smoke up the chimney, and thus maintain a certain density of smoke in the room; this never failed, he assured me, to bring relief. This gentleman was of very active habits, was agent to several large properties, and consequently obliged to travel much about the country; experience had proved to him, that he could derive no benefit from turf smoke, and therefore he never stopped at any inn where they had no other fuel but turf, as he felt himself insecure unless he could procure coal smoke in case of an asthmatic attack. Such *idiosyncrasies* will ever baffle the researches of the mere morbid anatomists, but afford a useful lesson to the practical physician.

The phenomena of this disease are calculated to throw much light on the nature of what has been termed wheezing. A person subject to asthma, who has been breathing tranquilly the whole evening, may be attacked towards midnight with difficulty of respiration, and a wheezing so loud as to be heard on the stairs; this will continue for several hours, and then terminate, in some with a copious discharge of sputa, in others without any expectoration whatever. When

we apply the stethoscope to the chest of a person so affected, we hear a great number of bronchitic rales, showing that the larger and smaller tubes are both engorged; this is a matter of frequent occurrence in cases of dry asthma, where there is no expectoration, and where the fit terminates in a few hours, without leaving behind the slightest trace of pulmonary derangement. Hence we are led to the conclusion, that sounds of various characters and remarkable intensity may be produced without any inflammation whatever, and in fact without any remarkable alteration in the secreting functions of the bronchial mucous membrane, and that these sounds may wholly disappear where there has been no expectoration, and consequently where the bronchial tubes have not been cleared out. This is a fact worthy of being held in memory. Stethoscopists, when they hear bronchial rales, are apt to attribute them to the existence of bronchial inflammation; but here, with distinct proofs of the absence of inflammation, you may have a *maximum* of bronchial rales, and in the space of a few hours, you may not have a single sound at the very points where so many were audible before. It is obvious, therefore, that some of the received doctrines on the subject of bronchial rales, are still open to discussion. The practical inference, however, to be drawn from this fact is, that we should study such rales with great attention, and in connection with other signs and symptoms, lest we be induced to treat antiphlogistically a case in which depletion might be uncalled for or injurious, an error by no means unfrequent among those who rely too exclusively on physical signs.

As to the treatment of spasmodic asthma, I have nothing to add to what is generally known, except that it is often serviceable to stupe the whole chest during the fit with flannel wrung out of water, as hot as can be borne; and that, in some, much advantage is derived from small but very frequently repeated doses of ipecacuanha wine, mixed with an equal portion of good tincture of castor.—*Dublin Journ. Med. Sci. Nov. 1840.*

15. *On the Exanthemata and Enanthemata.* By Dr. EISENMANN. Linné appears to have been the first to point out the analogy which exists between the cutaneous eruptions and those of the mucous membranes. But since the publication of the works of Røderer, Broussais, Bretonneau, Louis, Cruveilhier, Andral, &c., this analogy may be regarded as proved. The name *exanthemata* has therefore been applied to the latter eruptions, and they, like the *exanthemata*, constitute characteristic symptoms of special maladies. Dr. Eisenmann, in his long and elaborate essay, proves the perfect similarity of the symptoms, progress, and termination of the eruptions which occur on the mucous membrane with those seen on the cuticular surface. He shows that pustular, vesicular, erythematous, &c. eruptions are common to both surfaces; that the termination in suppuration, resolution, desquamation, &c. equally occur in both forms; the last, indeed, desquamation, being now clearly proved by the researches of Boehm and Henle, who discovered the debris of the epithelium of the intestines amongst the mucous and feculent matters passed during the continuance of these diseases. He also shows that these *exanthemata* are contagious and epidemic, the same as the *exanthemata*.

M. Eisenmann divides the *exanthemata* into five genera, to which he has in the meantime added a sixth, to include an anomalous form of disease. The following are the genera he describes:—

1. Erythema of the mucous membrane, terminating in desquamation, a form of disease distinctly described by Boehm and Henle.
2. Vesicular eruption of the mucous membrane; observed and described by Jahn, as occurring on the palatine arches during measles.
3. Papulæ of the mucous membrane. Several species of this form have been described, as aphthæ, the papular eruptions seen on the throat and fauces by Røderer in gastric fever, and those seen so commonly on the same parts during the influenza of 1837.
4. Pustules of the mucous membrane, as seen in the aphthæ and eruptions of the mucous membrane in dothin-enteritis.

5. Fungi or tubercles of the mucous membrane, as has been frequently seen and described in typhoid fevers, in malignant puerperal fevers on the vaginal mucous membranes, common in dysentery, and in diphtheral inflammation of Bretonneau.

6. The eruptions which have not yet been classed, as the patches described by Boehin in the neighbourhood of the ileo-cæcal valve, and which seemed to be formed by a morbid state of the glands of Peyer.—*Edinburgh Med. & Surg. Journal*, Jan., 1841, from *Hufeland's Journal*, March, 1840.

16. *On Rabies*.—By M. BRESCHET.—Doubts have lately been raised as to the contagious nature of the poison of rabies, and M. Breschet, in order to determine this point, read a paper before the Royal Academy of Sciences, detailing experiments which he had made with M. Dupuytren thirty-five years ago, which seem to prove beyond a doubt the contagious nature of the poison.

Some diseases proper to one class of animals are not developed spontaneously in others. Such appears to be the case with rabies, which seems to be peculiar to the genus *Canis*, but more especially to that well known species, the domestic dog. It is from this species that the disease is usually transmitted to others of the Mammalia, and to man.

Rabies in man is never a spontaneous affection, nor the result of a combination of moral or hygienic causes; in every case it may be traced to the inoculation of rabid matter. It cannot be doubted that the reason why hydrophobia and rabies have been confounded arises from having overlooked the difference of those nervous affections where there is exhibited horror at the sight of fluids, difficulty of swallowing, &c., and the true communicated rabies. In this last affection, art, unfortunately, is never of any avail: whilst the symptomatic hydrophobia of the pernicious hydrophobic fevers, for example, is not necessarily fatal—or if so, only in consequence of a peculiar concatenation of circumstances.

Such are M. Breschet's views, founded on the following experiments:—MM. Breschet and Magendie collected a quantity of the saliva of a man who died of rabies, and introduced it under the skin on the dorsal region of a dog. Thirty-eight days after this inoculation, the animal was affected with violent rabies. It was made to bite other dogs, and these were all similarly affected. In continuing these experiments it was observed that the disease failed to manifest itself, or was only developed with great difficulty when the contagious principle had passed through three or four animals successively; it generally, indeed, failed to produce the disease in the third transmission. If this fact should be confirmed by subsequent experiments, it will prove the singular fact, that this poison loses its deleterious properties by passing from one individual to another of the same species.

M. Breschet, from his experiments, ascertained that, in general, symptoms of rabies came on from the twentieth to the thirtieth day after the animal was bitten. In several cases, however, he has seen three months elapse before rabies made its appearance. In many of the rabid dogs the horror at the sight of water was wanting, and these animals even drink with avidity the water which was presented to them—a fact which proves beyond a doubt that rabies and hydrophobia are two very different and quite distinct morbid states.

M. Breschet's experiments also prove the communicability of rabies from carnivorous to herbivorous animals. An ass bitten by a mad dog took on all the symptoms of acute rabies at the end of three weeks. Similar results were afforded by sheep, only that in them the disease was less intense.

The foam collected from the mouth of the ass and of other solipeds was introduced by M. Breschet beneath the skin of several dogs, and after a period of incubation of from twenty-five to forty days, produced true rabies. This experiment was several times repeated, and always with the same result; proving the transmissibility of the poison of rabies from herbivorous to carnivorous animals—a fact denied by several veterinary practitioners.

The saliva of rabid dogs was also inoculated on rabbits and guinea-pigs, and, in almost every instance, after a short period, these animals fell victims to the

poison, without, however, exhibiting any symptom usually considered as characteristic of rabies.

Similar experiments on birds of different species, as fowls, ducks, crows, and birds of prey, gave negative results as to the exhibition of the phenomena of rabies. All, however, died rapidly; whilst others, on whom similar wounds had been inflicted, but were not inoculated, continued to live.

M. Breschet also made several experiments to determine whether the blood was altered in rabies. He often attempted to inject the blood of a rabid dog into the veins of a healthy dog, but as this was found to be both a difficult and hazardous operation, after a few attempts it was abandoned. He afterwards obtained the blood of the rabid animal by bleeding, and, after washing it with distilled tepid water, the fluid was injected into the vein of a healthy animal. In all these experiments, though frequently repeated, M. Breschet found it impossible to communicate rabies; and he therefore is inclined to believe that the poisonous matter of rabies, whatever it be, resides in the saliva. The foamy saliva is in reality an altered humor—a matter in a truly morbid state, and the vehicle of a deleterious principle of a true rabid virus, but the nature of which is still unknown. M. Breschet then regards rabies as a virulent and contagious disease, and not the effect of a moral affection.—*Ibid.* from *Seances de l'Acad. R. des Sc.*, Sept. 21, 1840.

17. *On the Uncertainty of the Signs of Peritonitis and on a New Character of that Disease.*—By LUIGI SEMENTINI.—The chief object of this memoir, is to prove the fact which the author says he has tested by constant observation for upwards of forty years, namely, that in all cases of peritonitis, in whatever part of the abdominal cavity the inflammation is seated, there is pain in the pubes and upon the great trochanters; which if not spontaneously felt is always developed by pressure, and of which the severity is directly proportionate to that of the peritonitis.

This fact, which is said to be confirmed by the clinical observation of others, the author believes is explicable by the relation of the nerves of the parts in which the pain is felt to the peritoneum, and by its connection with the fasciæ and muscles about them. In addition to its value in the diagnosis of even the most obscure and latent cases of peritonitis, in all of which this sign is present in a degree proportioned to the severity of the disease, the author has found it of value as an indication of treatment, and has obtained great benefit from the application of leeches and blisters over the trochanters instead of on the abdominal walls.—*B. & F. Med. Rev.* from *Annali Univ. di Med.* Sept. 1840.

18. *Treatment of Lead Colic with the Sulphuric Lemonade.*—M. ARAN, in an interesting memoir on this subject in the *Journal des Connaissances Medico-Chirurgicales*, (August, 1840,) states that twenty-five cases of lead colic have been treated in the Hôpital Beaujon with the sulphuric acid lemonade, as recommended some years since by M. Gendrin,* and that it effected a cure in every one. It afforded relief on the second day, and the cure was complete by the fifth day.

19. *Pure Tannin a Remedy for Excessive Perspiration.* By Dr. CHARVET.—Sweating is a morbid symptom which is often so serious and inconvenient, that the practitioner is obliged to combat it by special remedies. The acetate of lead, which has been extolled of late years, sometimes causes inconveniences which hinder many practitioners from employing it in cases where its use seems clearly indicated. Pure tannin, employed as an anti-sudorific, appears to be free from these disadvantages. The author has employed it for two years at the hospital, and in his private practice, and though it has not succeeded in every case, it has in almost all.

He prescribes it in the form of pill, and in the dose of from two and a half to

* See this Journal for May, 1832, p. 233.

ten centigrammes (half a grain to two grains) in twenty-four hours, generally in the evening, with or without opium, which neither checks nor favours its action. The first time he administered it was in the case of a phthisical patient, who was already in a state of marasmus, and whose cough, fever, and oppressed breathing, were less troublesome than the general perspiration with which he was inundated every night. The patient asked for some medicine against the perspiration, which he considered the sole cause of his sufferings, and was ordered twenty-seven milligrammes (about three-fifths of a grain) of tannin. The next morning he said he had passed a good night, and hardly felt moist when he awoke. The repetition of the same dose every evening was sufficient, during several weeks, to suppress the perspirations entirely; but they returned as soon as the medicine was omitted. The dose was raised to five centigrammes (a grain), and then to eight (one grain and three-fifths), and always with the same success. The author relates several other cases in support of the antidiaphoretic property which he attributes to tannin; they occurred among consumptive patients who had arrived at the last stage of the disease. They are additional examples of the activity with which tannin suppresses sweating, even when the disease from which it arises is beyond the resources of our art.—*Lond. Med. Gaz.*, Nov. 1840, from *L'Expérience*.

20. *Balsam Copaiba in Asthma*.—A writer in the *Bulletin Méd. du Midi* extols the efficacy of copaiba in the treatment of asthma.—*Journ. de Méd. et de Chirurg. Prat.*, March, 1841.

21. *Coup de Soleil*.—"One fact I may relate, which will bring in a palpable state, before my readers, the fiery heat of these regions (the coast of Arabia) in the summer months. At this season, in 1821, the British Frigate *Liverpool* was proceeding from Muscat to Buzhure; the weather gradually increased in warmth; double awnings were spread; the decks kept constantly wetted, and every precaution used to prevent the exposure of her men; yet in one day, from a species of *coup de soleil*, she lost three lieutenants and thirty men. If, for however brief a period, they exposed themselves to the sun they were struck down senseless; vertigo followed, accompanied by foaming at the mouth. In the greater number of cases, sensation never returned. The frigate's main deck at one time is described to have resembled a slaughter-house, so numerous were the bleeding patients."—*Wellsted's Travels to the City of the Caliphs*. T. R. B.

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

22. *Amputation at the Hip-Joint*. By Dr. PORCIENKO, of Wilna.—It occasionally happens that the femur is diseased to such an extent that amputation, in its continuity, becomes impossible. Under such circumstances, modern surgeons have proposed its disarticulation; an operation which Dr. Porcienko, considering its formidable nature and rare success, and attentively weighing the cases in which it has been practised, pronounces as inadmissible, however pressing it may appear to be indicated. This opinion he does not found on the amount and difficulty of restraining the hæmorrhage accompanying the operation, but on the very nature of the diseases which it is sought to remove, (which, he thinks, contraindicate it,) and on the insufficiency of the vital forces to resist so formidable a mutilation. At least it is certain that in numerous cases, when the first dangers of the operation were surmounted, and the wound commenced to cicatrize, when, in a word, every thing seemed to promise a favourable result, death has unexpectedly occurred. The following is the history and result of three cases in which the operation in question has been performed:—

CASE I.—The first patient was admitted to the surgical clinic (Wilna) with an enormous encephaloid tumour of the right femur, extending from the trochan-

ters to the condyles, engaging the entire circumference of the bone, and externally constituting a rounded tumour. The skin was tense—the veins enlarged and varicose—the tumour was very elastic, and gave no feeling either of fluctuation or crepitation—the leg and foot were much swollen from serous infiltration, as well as from enlargement of the bones. Finally, the disease seemed to affect the femur even above the trochanters. The opposite limb and entire body was emaciated; there was, however, no hectic. The tumour was the seat of violent and rapidly augmenting pain.

It being determined to disarticulate the femur, the operation was performed, 12th March, 1830, by Venceslas Pelikan, according to Larrey's method. The femoral artery being tied beneath Poupart's ligament, the internal flap was scarcely made when so copious an hæmorrhage occurred, that a sponge thrust into the wound did not restrain the blood from gushing from every part of it. Several ligatures were applied, and the violence of the hæmorrhage moderated; but the patient had already lost an enormous quantity of blood. The head of the femur being detached, the rest of the operation was effected with the utmost facility, and the hæmorrhage, on forming the external flap, was inconsiderable. The blood, however, still flowed, guttatim, from the entire surface of the wound, and continued to do so till the whole surface was covered with a styptic powder.

For some days after the operation, the patient was extremely feeble; cordials, &c., were employed, and on the 5th day, the wound suppurated favourably, and, excepting some febrile reaction, his condition appeared extremely promising. Things proceeded, on the whole, favourably, but so slowly, that two months elapsed before cicatrization commenced to be established. The patient then committed a slight error of regimen, which caused a gastric fever, that soon assumed typhoid symptoms, and terminated in death on the 16th of May.

On examination after death, the profunda artery was found to arise above Poupart's ligament, which accounted for the hæmorrhage not having been at all controlled by the preliminary ligature of the femoral artery. The cotyloid cavity was filled with healthy pus, which had, however, found its way through the bony walls, into the pelvis. The only diseased appearance in the abdomen was a considerable serous effusion, its viscera, as also those of the thorax, being perfectly healthy.

CASE II.—A female, aged 50, and much debilitated from plica, was admitted to the Surgical Clinic, September 25, 1821. During a cold and wet spring, in which she had been exposed to much hardship, she became affected with severe pain in the left thigh. After a short period, the patient suffered still more severely from alternating sensations of burning heat and icy coldness, and exquisite pains in the thigh, particularly at night. At length the entire left thigh became swollen, and an abscess formed at its inner side, which, on opening, gave exit to an enormous quantity of sero-purulent matter. The patient, however, experienced no relief, and a fetid discharge continued till a sequestrum, six inches long, came away. At this period the plica of the hair commenced.

The plica was cut after a short time, after which the thigh became again swollen and the seat of the most excruciating pains. Numerous openings giving exit to pus, formed in the soft parts, which, at the date of her admission, were covered with deep cicatrices. The leg was bent on the thigh; the patient could only lie on the back, was exhausted by severe and incessant suffering, and was in an advanced state of marasmus.

During two months an appropriate treatment was adopted, at first with some trifling benefit. In November, however, the thigh became again swollen, fever set in, and a fresh abscess opened without the slightest relief. The matter became diffused throughout the entire thigh, and hectic fever set in.

On the 15th December, 1821, Dr. Porcienko amputated the limb at the hip joint, according to Larrey's method, imputing the enormous hæmorrhage, which had occurred in the first case, to the accidental anomaly in the distribution of the artery. As soon, however, as the internal flap was formed, so copious a hæmorrhage occurred, that all the zeal and activity of his assistants and himself in tying the arteries, restrained it with the utmost difficulty. After the

operation, the patient was in a state of the utmost exhaustion, on account of which, cordials, &c., were administered, but not with such advantage as in the foregoing case.

The next day the wound became extremely painful; violent fever soon set in, accompanied with dry skin, headache, pains in the limbs, dry tongue, and burning thirst, the right hypochondrium being, at the same time, tense and extremely painful on the slightest pressure; the flaps separated, exposing an enormous gaping wound; and, in fine, the patient died on the 12th day.

On examination after death, the ligature was found detached from the femoral artery, which was closed by a firm coagulum; the cotyloid cavity was filled with pus, and its brain carious. The thoracic and abdominal viscera were perfectly healthy. The neurilema of the sciatic nerve seemed somewhat red.

CASE III.—On the 27th of April, 1834, Raycha Mordechow was admitted to the Surgical Clinic. Her face was pale and puffed—she was extremely emaciated, and the posterior part of the left thigh was occupied by an enormous tumour extending from the ham to the two trochanters. When aged 25, and in her fourth pregnancy, she was suddenly attacked with pain in the left ham, extending with the most extreme violence along the sciatic nerve, and which only diminished in violence on the appearance of a moveable tumour in the ham. After her accouchement she tried a variety of means without experiencing any benefit from them; on the contrary, the tumour rapidly increased in size, extending along the back of the thigh, so that in ten months she became unable to walk. A vesicle then formed on the heel, which breaking, afforded an ichorous discharge that excoriated the neighbouring parts. When admitted to hospital, the tumour extended from the trochanters to below the popliteal space, the bulk of the thigh being truly enormous. The skin covering the diseased mass was tense and livid, and the veins dilated and gorged with blood. The tumour was no longer moveable, being adherent to the skin, and, partially so, to the subjacent parts. In parts, it was of cartilaginous hardness: in others, commencing fluctuation could be detected. The disarticulation of the thigh being determined on, Dr. Porcienko entrusted the operation to his assistant, Dr. Korseniewski, to whom, (his chief object being to avoid loss of blood,) he recommended the method of Dr. Cole, with some slight modifications which he suggested.

The 3d of May the operation was performed. The femoral artery was compressed at the point where it passes over the pubis. Dr. Porcienko stood in front of the patient, grasping the limb in both his hands, in order to facilitate the separation of the head of the femur at the proper moment.

The operator now made a circular incision five inches below the hip joint, through the integuments, as in an ordinary amputation of the thigh. The second incision, through the muscles to the bone, was also made in the usual manner, after which the femoral, profunda, circumflex, and two large muscular arteries were tied so promptly, that the loss of blood was not greater than in ordinary amputation. A longitudinal incision was now carried from below the great trochanter to the circular incision, which penetrated to the capsule of the joint. The muscles inserted into the great and lesser trochanters were now divided, and Dr. Porcienko now endeavoured to dislocate the thigh, while the operator divided the capsule of the joint, internally, on the head of the femur, and the round ligament being then cut, the separation of the limb was completed. A portion of the capsule was left adherent to the brim of the cotyloid cavity, destined to cover that cavity as recommended by Walther. During the latter steps of the operation the hemorrhage was so trifling that it was neglected. The operation occupied scarcely four minutes, and the patient experienced scarcely any debility.

The day succeeding the operation the wound was very painful; the abdomen and right hypochondrium were tense and intolerant of the slightest pressure—there was diarrhœa—the pulse small, contracted—headache intense—tongue dry—thirst extreme. These symptoms yielded on the 5th day. On the 8th day the dressings were removed, and a great portion of the wound seemed united

by the first intention. The points where adhesion had not taken place yielded healthy pus.

The 9th day the patient complained of burning pain towards the sacrum, and the wound appearing too red was dressed with lead ointment. The patient's condition now improved so much, that on the 15th day a favourable issue was expected.

On the 17th day, without any appreciable cause, the face became swollen—the wound opened and was dry—the pulse became frequent and small, and the skin assumed a yellow tinge. It is remarkable that no local symptom preceded this change.

18th day.—The right hypochondrium became tense and extremely tender on pressure—respiration stertorous—speech difficult—extreme prostration.

20th day.—The patient died.

On examination after death, the lips of the wound were separated. The brim of the cotyloid cavity exhibited the appearance of commencing caries; all the ligatures were detached, and the arteries closed by firm coagula.

Abdomen.—The liver was enlarged, gorged with dark blood, and filled with small abscesses. The large veins, such as the ascending cava and left iliac vein, were filled with coagulable lymph, and their coats thickened. The sciatic and crural nerves were preternaturally red.

Thorax.—There was sero-purulent effusion into both pleuræ, and the pulmonary pleuræ were covered in points with a thick membrane. The lungs presented a black and red morbid appearance.

Cranium.—The membranes of the brain were congested, presenting a dark red appearance, and there was an unusual quantity of serum in the ventricles.

The amputated thigh was carefully dissected by Professor Bielkiewicz, and afforded an admirable example of the diseased structure, termed by Dupuytren, neuroma. The disease had commenced in the medullary structure of the sciatic nerve—commenced at the level of the smaller trochanter, descended between the great adductor muscles and semi-membranosus, semitendinosus, and biceps muscles, which were expanded into broad membranes, covering the diseased mass whose inferior extremity lay between the solei and gastrocnemii muscles. The crural nerve lay on and was closely adherent to the anterior surface of the mass. The cutaneous veins, especially the internal saphena, were very much enlarged. The entire was enveloped by a dense cellular sheath, readily divisible into layers. The sciatic nerve increased in size as it approached the tumour; with the upper part of which it became confounded, so that its fibres could not be discerned. The tibial and peroneal nerves emanated from the inferior part of the tumour, the latter presented its natural appearance, the former was flattened, five lines in thickness, and for the extent of five inches below the tumour, was of a cribriform consistence, without a vestige of filamentous structure.

Dr. Porcienko concludes his memoir by stating, that he rejects amputation at the hip joint, in cases of organic disease, not from the dread of hæmorrhage, but because of the consecutive dangers. All the reported cases, he states, show the frequency of inflammation, and of purulent metastasis, which latter event is singularly favoured by the great number of veins communicating with the immense wound caused by the operation. The cotyloid cavity, also, often participates in the disease of the femur; or, if the disease be constitutional, it is reproduced elsewhere. For all these reasons he insists that the operation should be definitively abandoned in cases of organic disease; but admits that it may be a necessary and valuable resource in traumatic lesions, to which cases, in Dr. Porcienko's opinion, it should be confined.—*Dublin Med. Press*, 30th Oct. 1839, from *l'Expérience*, 10th Oct. 1839, and the *Med. Chirurg. Trans. of the Imperial Academy of Wilna*.

23. *Extraction of an Ovarian Cyst.*—An interesting case of this is recorded by BENJAMIN PHILLIPS, Esq. in the *London Medical Gazette* for October last. The subject of it was a young woman 21 years of age, who had had tolerably good health up to the preceding Christmas when she experienced a heavy, but not

intense, pain in the right iliac region; gradually this subsided, and she then perceived a slight enlargement or tumefaction about the umbilical region; this continued gradually to increase, and was accompanied by some pain in the same region. In May the tumefaction so far increased as to have become apparent externally.

In August she applied to Mr. Phillips who satisfied himself that there had been no peritonitis, that there were probably no adhesions, that her distension was fast increasing, and that she was daily becoming less and less capable of getting about, that her health was beginning to suffer, and that she had then probably 15 or 16 pints of fluid in the cyst. He then stated to her the nature of the disease, that the only hope of getting rid of it was by having the tumour extracted through the muscles of the abdomen; he further related to her the results of the operation, and its dangers, and advised her to consider these things and if after doing so she still determined to have it performed that he would undertake it. She soon made up her mind. Two days before that fixed for the operation Mr. P. inquired into the state of the patient's bowels and was informed that they were confined, and that she was constantly obliged to take some rhubarb to induce a sufficient action. He therefore advised her to take a small dose the following morning so as to gently open the bowels. At ten o'clock the night before the operation Mr. Phillips saw the patient and asked her if her bowels had acted properly and was assured that they had. She was in good spirits and expressed a hope that the operation would not be delayed beyond the following morning.

Accordingly on Wednesday morning September 9th, Mr. Phillips performed the operation in the following manner: "The patient lay on a bed. The first incision commenced about an inch below the umbilicus, and extended rather more than an inch and a half. It was necessary to give the cutaneous incision rather more extent than I at first proposed, because (strange to say, considering how great was the distension) there was three-quarters of an inch of fat upon the abdominal parietes. I dissected, carefully, until I came upon the sac: as soon as I had sufficiently exposed it, I seized it with the vulsella to prevent any difficulty of getting hold of it when emptied. It was then punctured with a trocar, and 330 ounces of a transparent, glairy, albuminous fluid was evacuated: the sac, which was extremely thick, was then drawn out through the opening, which it was necessary to enlarge slightly. The sac had no other attachment than its pedicle; the pedicle was, in fact, the Fallopian tube, to which it was firmly attached over more than an inch and a quarter. Around this tube a ligature was tightly drawn by Mr. Samwell; the ends were cut close, and the sac was detached without the slightest difficulty. Not an ounce of blood was lost during the whole operation; and when it is stated that her heart's action had not been accelerated to the extent of two pulsations during the operation, and that, at the conclusion, the pulse did not exceed 68, it must be evident that the suffering was not great. The external wound was accurately brought together with hare-lip needles, and there was no oozing of blood. From the moment of the operation there was severe pain in the right iliac fossa, which I referred to the strangulation of the tube by the ligature; there was also frequent sickness. To relieve this pain, in an hour after the operation an opiate enema was administered; it produced little relief, and in two hours afterwards a draught, containing thirty minims of the bimeconate of morphia was exhibited: still the pain distressed her, and in two hours more a pill containing half a grain of the chloride of morphia was administered, and late in the evening another enema, containing forty-five drops of the liquor opii sedat., was thrown up, and a draught, containing tinct. digital. $\mathfrak{m}x.$, acidi hydrocyanic. $\mathfrak{m}ij.$, morphiæ chlor. gr. 1-3d, ordered to be taken every four hours. During the evening, when vomiting supervened, there was an oozing of blood from the wound, but to no great extent. It was not easy to account for it, because no vessel was wounded during the operation. The only point upon which suspicion lay was the ligature around the Fallopian tube; but as there was no evidence of blood being poured out into the abdominal cavity, the suspicion seemed vague.

"Evening, 12 o'clock.—The pain was still considerable, but mainly referred to the right iliac region; the general tenderness was slight; the sickness occasional. The pulse had materially increased in frequency, and the skin was hotter: believing that there was reason to apprehend local peritonitis, I ordered ℞. Hydr. Submur. gr. iij.; Opii, gr. ss. 2ndis horis. Enema Tereb. statim. Hirudines xx. abdomi.

"Thursday morning, 8 o'clock.—Pain in iliac region relieved by leeches, but complains of pain in the umbilical region; tenderness on pressure considerable; no tympanitis; nausea still continues; countenance *very* good, pulse 94; heat of skin moderate; bowels not opened. Ordered to intermit Calomel and Opium; to rub in Ung. Hydrarg. 3j. 3uis horis; to apply 12 leeches to the umbilical region.

"12 o'clock.—Bowels still confined. Ordered Extr. Col. Comp. gr. ij.; Capsici, gr. ss. omni hora; 12 leeches to epigastrium, where she complained of tenderness.

"7 o'clock.—Pain much abated; pulse 100; bowels still confined. Ordered Mag. Sulph. 3j.; Acid. Hydrocyanic. ℥ij.; Tinct. Digital. ℥xij.; Inf. Rhæd. Comp. ʒss.; omni hora.

"Friday, 8 A. M.—Bowels acted *well*, three times, during the night; nausea lessened; pain much relieved; countenance good; pulse 96; abdomen soft.

"2 o'clock.—Can bear pressure; has just had a liquid stool.

"8 o'clock, P. M.—Has had four liquid stools; countenance good; complains of pain—probably, from its moving about, termina; however, I thought it safer to order—12 leeches; Opiate Suppository; Pulv. Aromat; P. Kino Comp. ʒā. gr. v. 10 P. M.—Morphiæ Chlor. gr. i.

"Saturday morning, 8 o'clock.—Slept from 10 till 3, when she awoke; more liquid stools; was seen by the resident physician, Dr. Boyd, who ordered an opiate enema, and Pulv. Arom. and Pulv. Kino, ʒā. gr. v.: has scarcely any tenderness; abdomen soft. Cholera-like symptoms persist 12 A. M., when she was ordered to take Cupri Sulphat. gr. 1-3d, omni hora: this was rejected, and Plumbi Superacet. gr. iij. Ex Paparv. gr. ij. substituted. These were not rejected, but they did not lessen the stools, which were like rice water, and incessant. Through the whole of Saturday these symptoms continued, without peritoneal tenderness, or any approach to a peritoneal countenance, but with incessant vomiting, the extremities becoming blue, but with the mind intact; they persisted, without remission, until five o'clock on Sunday afternoon when she died.

"She was examined on Monday (at 2 o'clock) in presence of Drs. Clendinning, Harrison, Lee, and others: the abdomen was soft and flat; the incised point was nearly healed. When the cavity was exposed, a diffused injection was apparent, but, with the exception of some small patches of lymph, none of the ordinary products of peritonitis existed. In the cavity from six to eight ounces of blood was found; it contained a few coagula, but it was dark in colour. Upon examining the Fallopian tube the ligature was found in its place; but it was evident that, from its hypertrophied condition, it resisted the necessary constriction, (although Mr. Samwell had used much force,) and the extravasation was a consequence of oozing from the extremity of the tube. That cozing, however, had long ceased; for nature had blocked up the vessels. The opposite ovary was not healthy. Upon laying open the large intestines we found them covered with an exudation such as is found in croup—a false membrane: when this was torn off with a forceps, the membrane presented what the French pathologists term an *erosion*, which was, no doubt, the commencement of extensive ulceration, and which was clearly of some standing.

"When the dejections became frequent, the mother of the patient informed me that her bowels were "very delicate;" that she had forgotten to say any thing about the rhubarb on the morning of Tuesday; that she recollected it in the afternoon, when her daughter came in; that the daughter said, "It is lucky, mother, that you did forget it, for I have been twenty times to-day; but do not say any thing to Mr. Phillips about it, or he will put off the operation."

The failure in the present case Mr. Phillips conceives did not result from any vice in the operation, but from the state of the patient's bowels, and he thinks had this complication not supervened that there is great reason to believe the operation would have succeeded. "Up to the moment," he remarks "when that cholera-form affection was developed, 56 hours after the operation, the prospect was most cheering; the abdominal tenderness was greatly abated, the pulse had been reduced to 92, and those who had at first no confidence in the operation, now became sanguine of a successful result. The dangers of the operation, which I had anticipated, were difficulty of getting at or extracting the cyst, the shock of the operation, and peritonitis. In the present case no difficulty was experienced as regards the first two points; and I am fully justified in saying, that the degree of peritonitis was by no means incompatible with recovery. Acute pain followed immediately upon the operation, and continued for many hours: for some time it was a good deal confined to the right iliac fossa, the seat of the ligature, and I was disposed to refer it to the constriction of the ligature; but I am now inclined to think that it was not produced by that, but was excited by the blood which exuded from the cut surface of the tube: it was at first developed at that point, but as the blood was spread over a larger surface of the peritoneum, the pain was also spread farther. I say I am disposed to adopt this conclusion, though I may have no sufficiently satisfactory proof that blood in contact with the peritoneum will at once excite severe pain. I have only two cases to adduce in proof of such an effect:—one was an aneurismal tumour, which had burst into the cavity of the peritoneum; the pain was immediately dreadfully intense: in the other case, the spleen was ruptured by a fall: immediate agonising pain was developed all over the abdomen: about six ounces of blood were found in the peritoneal cavity. In opposition to this opinion, I know that Mr. Gulliver has injected blood into the abdominal cavity, without exciting inflammation, or apparently pain. In our case the ligature had excited no peritonitis; the blood had, but it was not intense, though diffused; the early and energetic treatment employed had prevented its further development, had induced it to enter upon a retrograde course: this, I submit, is proved by the great abatement of pain, the lesser frequency of the pulse, the relief of the sickness, the absence of tympanitis, the ability to lie perfectly straight without inconvenience, the character of the face, and the occurrence of three good stools. The blood had ceased to ooze; the inflammation produced by that which was extravasated was fast abating, and the ligature had not proved itself apt to excite peritoneal inflammation at all. I say, then, that so far as the operation is concerned, it afforded, in the present case, a fair and probable cause to believe that it would have succeeded, if we had not had to contend with the supervening affection.

"My confidence in the operation, when there is reason to believe that there are no adhesions, and that the patient's health is satisfactory, is greater than when I undertook it in the present case; and when we take into account the results of medicine, of tapping, or of the disease left to itself, I think no one can doubt that an operation which, under adverse circumstances, has succeeded nine times out of twelve cases, ought to be resorted to, before complications or counter-indications are developed. We do not hesitate to have recourse to the ligature of large arteries, and to regard it as a justifiable operation, though the results are much less favourable; we do not object to perform amputation of the thigh, although nearly two out of five die; and why should we regard an operation exhibiting such a result as is presented by the operation of extraction of an ovarian cyst with disfavour? Simply because it looks formidable, and because it is new. But it may be said the difficulties are frequent, adhesions almost always occur, and they must materially lessen the chances of success. I know Dr. Seymour has stated that these adhesions exist in 99 cases out of every 100. I am by no means prepared to contradict the correctness of this assertion, because my opportunities of examining these sacs after death amount only to nine cases: in several of these the patient had been tapped, but in not one of them did the cyst adhere, except by its peduncle, whose extent was variable, though never great. In twelve instances the results of the operation of extraction are recorded; of

these there were adhesions in four cases, and in two of them the patient had been tapped; but in neither of those cases did the adhesions constitute a serious obstacle to the removal of the cyst. It may be said that another difficulty may be experienced, by the presence of more than one cyst, and the occurrence of a considerable quantity of solid matter. That more than one cyst may exist in the same tumour at the same time cannot be denied; but although it may be, it rarely is presented; and there can be no difficulty in introducing the trocar into the second cyst, if it be found to constitute an obstacle to extraction. As to the coexistence of a large cyst and a solid tumour, I do not deny that it may happen, but I do maintain it to be a rare exception; and if that rare and exceptional case is presented, the practitioner should be prepared to meet it. In my apprehension the occurrence of peritonitis is the danger; but that is a danger which we do not regard in the same light in other cases. The opening into the abdomen is not much larger than that which is made in cases of hernia. But it may be said peritonitis very commonly follows that operation. In my opinion it more frequently precedes it; the symptoms commonly presented warrant me in coming to that conclusion. But recollect, in the one case we have at the time of operation (for we can choose our time) a comparatively healthy abdominal cavity; in the other we have a greatly injured intestine, and a probably inflamed peritoneum."

24. *Exploration with an Acupuncture Needle as a means of Diagnosis.*—Dr. HOME, assistant surgeon to the forces, relates in the *Edinburgh Medical and Surgical Journal* (July 1840) a case of gun-shot wound, in which he made a novel application of the acupuncture needle, and one from which we conceive the surgeon may derive much aid in forming a diagnosis in certain instances.

A marine, at the encounter in 1838, at Wind-Mill Point, was struck by a ball about two inches and a half above the external malleolus of the left leg. He continued firing for some time, and afterwards walked to the town of Prescott, a distance of a mile and a half. Immediately on his arrival there it was dressed; and, on being examined by the probe, its course was found to run under the *tendo Achillis*; but there being but one wound, and no ball being felt, it was supposed that it had come out during the exertion of walking from the field. Four weeks after, when Dr. H. saw him, the wound was nearly healed, and no sinus existed; but he continued to complain of an impediment in the motion of the muscles of the calf, and, as he himself expressed it, of a sensation of a want of the usual spring in the foot. On careful examination, a deep-seated induration was felt beneath the *tendo Achillis*, which his surgeon attributed either to a deposit of lymph in the course taken by the ball, or to a diseased action set up in the tendon at the point of injury. I felt more disposed to believe that it was really the ball itself, which, from its deep situation, and probably surrounding infiltration of lymph, communicated the sensation of being larger and less firm and resisting than it otherwise would have done.

The tumour, when firmly pressed upon, however, was not in the least degree painful, which seemed to authorize some doubts as to its being really the ball, it not seeming very probable that a foreign body of such recent introduction could have caused so little irritation as not even to excite uneasiness when roughly handled.

It occurred to Dr. H. that the question might be at once decided by exploration with an acupuncture needle: accordingly he slowly introduced one, with little or no pain, in the direction of the tumour, which it had no sooner reached than the characteristic sensation of the contact of two metallic bodies was elicited. A deep incision was then made; and the ball removed, and the patient was soon able to return to duty.

Had this course been at once adopted, the patient might have been rendered fit for duty many weeks earlier; and had it not been adopted when it was, he would in all probability have been invalidated, under the supposition that he was afflicted with irremediable lameness.

25. *Alum and Cubebs in Gonorrhœa.*—Dr. MATHIEU, in a paper inserted in the Number of the *Journ. des Connaiss. Méd. Chirurg.* for June, 1840, extols the efficacy of the following mixture, employed by M. Ricord, in gonorrhœa:—R. Pip. cubebæ ʒij; Alum sulph. ʒss.—M. Div. in chart No. IX. One to be taken three times a day. Dr. Frederic, of Leipsic, it will be remembered, bears testimony also to the efficacy of this remedy. See this Journal for Nov. 1839, p. 210.

26. *Osseous Union of a Fracture of the Neck of the Thigh Bone within the Capsule.* By WALTER JONES, Esq.—The patient in this case, who was more than 80 years of age, was first seen by Mr. Cole, the house-surgeon of the Stafford Infirmary, on the day succeeding that in which the neck of the thigh bone had been fractured by a fall. Mr. Cole applied a splint to the outside of the limb, extending from the pelvis to the foot, and bound the legs together, the apparatus being completed by a bandage round the pelvis. The patient suffered so much pain, aggravated by a troublesome cough, that Mr. C. removed the splint and bandages. After having allayed the pain and quieted the cough, however, by the aid of laudanum, Mr. Cole re-applied the bandages, and retained them in their position six or eight weeks, when the patient was allowed to get up. During the following spring and summer, he was able to go about with the assistance of a stick; but, becoming the subject of chronic catarrh, he died about a year and a half after the injury had been sustained. The capsule was found much thickened; and it became necessary to divide the shaft of the bone before the knife could be passed round the joint; so near had the trochanter approached to the acetabulum. The direction of the fracture could not be traced, or the bond of union made out, until the bone had been macerated. As the portions of capsule became loose, they were removed with the forceps, "which enabled me," says the author, "to discover, what I believe to be the case, that the fracture was within the capsule." The bone sawn through, and a very accurate drawing of one of its sections, were shown to the meeting.

Mr. BRANSBY COOPER looked at the preparation which was contained in a bottle, and expressed his conviction that the union existing between the divided portion of bone was not osseous. But granting in this case that the union was by bone, such a circumstance would militate nothing against the often-expressed opinion, that fracture within the capsule of the neck of the thigh bone never did unite by osseous deposit, for, in this instance, the neck had become absorbed, and the head of the bone had fallen down upon the shaft. The union that had taken place had resulted from a deposition from the shaft of the bone, and not from its neck; but he denied that union, except that resulting from the attraction of cohesion, did exist at all. He did not deny that under certain circumstances osseous union of the neck of the femur within the capsule could take place; but for this to be effected it was necessary that the periosteum should be entire, for the purpose of depositing provisional callus, and that the limb should be allowed to remain for a long time in an undisturbed position, with the extremities of the fractured portion in contact. Thirteen or fourteen months would at least be required to arrive at so desirable a conclusion. All the articulating surfaces were subject to the same laws, and the same difficulties were experienced, if attempts were made to produce an osseous union where they had been fractured. The reason for this was obvious, it was a law of nature, and not accidental; the vessels supplying these parts had a particular duty to perform, that of affording a supply of the synovial fluid, and, therefore, could not be devoted to the formation of callus. The same difficulties in union of fractures of flat bones was experienced, because the vessels of the neighbourhood had to supply important organs, the functions of which would be interfered with, provided their vascular supply was devoted to a reparative process. He contended then that Sir A. Cooper was right in asserting that union of fracture of the neck of the femur by bone was the exception to the general rule. He had been to see all the cases which had been announced as those of union by deposition of bone, and he had generally found that the fractures had occurred

in old people, and the bones on both sides were the same, the necks of the thigh bones having become absorbed.

Sir B. BRODIE, having had the preparation taken from the bottle and handed to him, gave it as his opinion that the union was osseous, and not of such a kind as would have been presented, had the deposit, according to Mr. Cooper, taken place from the shaft of the bone and the trochanter. The shortening process consequent upon old age, had doubtlessly been going on to a considerable extent, and this probably both before and after the receipt of the accident. He believed that it was not doubted that union of the neck of the thigh bone within the capsule did take place in certain cases, but of course it was by a different process from that which was obtained, in fractures of the shafts of bones. Some years ago he had made some experiments on the mode in which fractured bones united, and he had come to the same conclusion as Dupuytren, without having been aware that he had been pursuing the same inquiry. The result of these experiments had satisfied him that union at first depended more upon the neighbouring cellular tissue than upon the periosteum, whatever part the latter might afterwards play in the process. He might take this opportunity of remarking, that he had found the most successful plan of treating ununited fracture, to be that pursued by Mr. Amesbury, and consisting in the binding of the limb in an immovable apparatus, by which the extremities of the fractured bone were kept in a state of forcible apposition for a long period. The plan was very a painful, but a very successful one. He had succeeded in procuring union, by this mode of proceeding, in one case, in which the fracture had been ununited for two or three years, and a seton had been passed through it without benefit, the arm remaining dangling and useless. In the experiments he had alluded to, only one case of union by ligament occurred, and this was in a fracture of the femur of a rabbit. He had endeavoured to account for this deviation from the general rule, but had not succeeded. He had also instituted some experiments with the view of preventing union, but had not been successful in his efforts. It was true that he had found that by placing a ligature on the femoral artery, the reparative process in a fracture of the thigh bone had been delayed in its commencement for a week or a fortnight, but at the expiration of that time union went on as though no such operation had been performed—*Lancet*, December 5, 1840.

27. *Effect of Tying the Femoral Artery on the Union of Fracture of the Thigh Bone.*—The following curious case is related by Mr. B. COOPER. A man was admitted into Guy's Hospital with compound fracture of the femur; there was so much tension of and injury to the soft parts, that it was thought inadvisable to put the limb in splints. During the night spasm came on, and the femoral artery was lacerated by a portion of the splintered bone coming in contact with it. A ligature was placed upon the vessel, and the fracture united so quickly, that Mr. Key remarked of the case, that the quickest way of producing union of fracture of the femur, appeared to be by tying the femoral artery.—*Ibid.*

28. *On the practice of placing the finger over the orifice of the vein, for temporarily suspending the blood-letting, or of closing the vein.*—The distinguished editor of the *Edinburgh Medical and Surgical Journal* reprobates, (No. for Jan. 1841,) in very strong terms this practice, as filthy, dangerous, and unnecessary. He says—“1. It is filthy, because it applies to the lips of the wounded vein the secretions of another person; for there is no finger, be it ever so well washed, that is not covered with perspirable matter, which, when applied to the edges of the wound in the vein, acts as a poison.

2. The practice is very dangerous. The great majority of instances of inflamed vein are produced by this foul and pernicious practice of placing the finger over the orifice of the vein. Authors have perplexed themselves to explain the origin of this dreadful and unmanageable accident, and have ascribed it alternately, to a foul or rusty lancet, to a blunt lancet, to washing the wound with sponges, to dressing it with unclean linen or charpee, and to several other pieces

of practice unnatural, unnecessary, or oftentimes dirty. But they seem not to be aware, that the accident most frequently follows this mode either of temporarily suspending the blood-letting, or of closing the vein. We have seen a considerable number of accidents of this kind; and it has always been observed or turned out on inquiry, that the finger was applied once or twice over the wound in the vein. We have, both personally in performing blood-letting, observed the rule of never applying the finger over the wound, and in instructing others in its performance we have enjoined the observance of the same rule; and in no instance has it been known that *phlebitis* has followed blood-letting when performed and completed with attention to the rule now specified. Wherever, on the other hand, the practice of placing the finger over the wound becomes general, instances of *phlebitis* are also common.

We know that it is the custom of many surgical teachers to recommend the practice, and hence it is so frequent. But with this we have nothing to do. The numbers that recommend a piece of bad practice will never make it good, especially in opposition to manifest physiological and pathological facts. If it be argued that, amidst the general use of this method, the cases of *phlebitis* are not equally general, we reply, that in a certain number of cases, though the finger is placed over the wound, it does not touch the lips of the vein, but only the wound in the skin, and the adipose tissue. But wherever the finger is applied to the lips of the wound in the vein, inflammation will assuredly follow.

The same is true of venous inflammation after amputation and other wounds. What is the cause of the mortality after amputation and other operations in the hospitals of Paris? Chiefly, we believe, the groping, poking, and rubbing with fingers and charpée over the stump in repressing venous hæmorrhage. The surgeons seldom dress the stump, and much more rarely tie the arteries themselves; and as the whole business of securing blood-vessels and dressing after the limb is lopped off is left to pupils, the rough usage is often very great.

3. 'This rule of placing the finger over the orifice in the vein is totally unnecessary. Any one who understands the circulation, knows that if he wishes to suspend the bleeding from a vein, it may be most effectually done by placing the finger over the vein below the wound; and if he wishes to stop it altogether, he does so most effectually by untying the bandage, and placing the arm and fingers at complete rest, when, after the escape of the little blood left between the wound and the nearest valve, the bleeding ceases entirely. If it proceed, the gentlest pressure over the vein below the wound is quite sufficient to arrest it.

It is not unreasonable to observe, that this practice of placing the finger over the wound in a vein was much favoured by the army surgeons who returned from the peninsula in 1814 and 1816. They had learned that, in arresting the flow of blood from wounded vessels, especially arteries, the first thing to be done was to place the finger immediately over the bleeding orifice; and this rule they accordingly inculcated on all their friends, who in their turn taught it to their pupils, as a rule sanctioned by experience. And a good rule it is as to arteries, but as to veins decidedly bad. So important is it to attend to little and apparently trifling peculiarities. We believe that, to the rule thus heedlessly and wantonly taught and inculcated upon pupils, many lives have been sacrificed. We cannot allow the direction to pass through the pages of this journal without lifting up a strong, unqualified, and decided testimony against it; and saying to all and sundry who would practise venesection without danger to their patients and without remorse to their own minds—Pray avoid it."

29. *Treatment of Varices of the Lower Extremities, and of Varicocele, by subcutaneous ligature of the veins.*—M. RICORD has described in the *Bulletin de Thérapeutique*, the process employed by him to obtain the obliteration of varicose veins. In order to cure a varicocele this surgeon begins by shaving the genitals, then he encourages turgescence of the veins, either by causing the patient to walk, or by covering the scrotum with a warm poultice. This done, he carefully isolates the vas deferens from the venous plexus, seizes this plexus in a

fold of the skin of the scrotum, and passes above the vessels a flat lancet-shaped needle, armed with a double thread terminating in a loop. The needle having completely traversed the skin from one side to the other, he lets go the veins, retaining only the skin, and then transmits a second needle, similarly armed, above the veins, entering it by the hole of exit, and bringing it out by the hole of entrance. The venous plexus is thus fixed between two double threads, one above and the other below. The double ends of the threads of each side are next passed through the corresponding loops of the other threads and being drawn in opposite directions firmly tie the vessels under the skin.

Constriction is effected in this operation by means of a particular *serre-nocud*, consisting of a canula, curved like a horse-shoe, and flattened in the middle, to which is fixed a button furnished with a ratchet wheel, which makes it a sort of small tourniquet. The ends of the ligatures are passed into the extremities of this canula and wound upon the button to which they are fastened, so that in turning the former they are stretched on the canula like the string of a bow. The constriction can be increased every two or three days, and usually from the tenth to the twentieth day the vessels are cut through.

M. Ricord has already applied his operation upon twelve patients—affected with varicocele, and in all he has obtained the most satisfactory results. The same method was employed upon nine patients labouring under varices in the legs, some of whom had simple varices, and others varicose ulcers besides. From one to four ligatures were employed in these cases; no bad symptoms supervened, and perfect recovery ensued in every instance.

The treatment of varices and varicocele by ligature of the veins has attracted much attention of late years; and numerous more or less ingenious processes have been tried with a view to accomplish the obliteration of the vessels with the least possible exposure of the patient to the terrible consequences of phlebitis after processes. We believe that none of these secures the patient from the symptoms always to be apprehended when a vein of a certain calibre, and above all an inflamed vein, is divided; and the zeal and ardour of surgeons have been greatly depressed by the fact, that time, which alone can determine the efficacy of their plans, has demonstrated that the cures accomplished were nearly always illusory, and that six months or a year after an operation in appearance completely successful, the varices began to be developed anew, just as if no vein had been tied; so that the patient had been subjected without advantage to the risks of phlebitis, the serious nature of which no one can be ignorant of. Some time having elapsed since a number of patients have been treated for varices by the ligature, the relapses can be shown to be so frequent that we ought perhaps to renounce the operation. It is then to prevent the relapses, and not to modify the ligature, that surgeons should apply themselves, for it is proved that the plans of MM. Breschet, Davat, Velpeau, &c. are easy of execution; this is undoubtedly the case with that of M. Ricord: but of what value is a mode of treatment which at the end of a year leaves the patient with his infirmity.—*Journ. de Méd. et de Chirurg. Pratique*. May, 1840.

30. *Wound of the Urinary Bladder*.—By Dr. SCHÜTTE, of Mullheim.—A healthy man, thirty-seven years of age, fell perpendicularly from a height of about eight feet, on an upright wooden stake several feet long and fully an inch thick. Its end passed into the inner surface of the left thigh, about three inches from the rectum, and ran into the lower part of the urinary bladder above the sphincter vesicæ. The urine flowed continually and insensibly through the wound; but neither blood nor urine passed through the urethra. A catheter was placed in the urethra, and several leeches and lotions of cold water were applied externally; and when the danger of severe inflammation had passed by, bread and water poultices were put over the wound. The patient was allowed only mild food, and in about three weeks the wound had healed without any ill consequences.—*B. and F. Med. Rev.* from *Med. Zeitung*, 7 Oct. 1840.

31. *Spontaneous fracture of a Calculus.*—M. LEROY d'ETIOILLES presented to the Academy of Sciences of France, at the meeting of the 22d June, 1840, an example of spontaneous fracture of a calculus in the human body, and he stated that it was the fourth instance of it which he had met with.—*Journ. des Connaiss. Med. Chirurg.* Aug. 1840.

32. *Case of Enormous Empyema successfully treated by Operation.* By Dr. HEYSER.—A man, 22 years of age, was suddenly seized in the month of March, 1839, with pain in his right side, for which he was bled and blistered, and had other appropriate treatment. His breathing, however, becoming more laborious, he entered the hospital on the 28th of April, when he presented the following symptoms:—His respiration was very laborious; he spoke with difficulty and pain; he had frequent troublesome cough, with copious expectoration; had much anxiety; his face was livid; his pulse was small and very quick; the secretion of urine was almost stopped, but his bowels were pretty regular; he complained of feverishness and unquenchable thirst. The right side of the chest was an inch and a half greater in circumference than the left, and gave a dull sound on percussion, and the respiratory sound there was inaudible. The right side of the chest was not elevated during inspiration, and there was considerable œdematous swelling all over that side. Whenever he attempted to lie on the left side he was threatened with suffocation.

On the 30th April, Dr. Heyser, in presence of his colleagues, made an incision between the seventh and eighth ribs of the right side, when there escaped about twenty-two pounds Troy weight of inodorous purulent matter. The patient felt much relieved by the operation, and slept for a space of four hours after it. The wound was kept open by the insertion of a piece of oiled rag between its lips. Calomel and digitalis with decoction of quinine were administered internally.

The morning after the operation, between eight and nine ounces of purulent matter escaped from the wound, and for several days the patient continued in a very satisfactory state. After some time, however, the discharge became more abundant, and somewhat fetid, and at each dressing, which was repeated morning and evening, there escaped from five to eight ounces of fluid.

By the 3d of June the quantity of matter which escaped at each dressing had diminished to four drachms and presented the characters of healthy purulent matter; he breathed freely, and had improved much in his general health. The lips of the wound were therefore allowed to come into contact, and speedily united. The right side of the chest, which before the evacuation of the liquid was an inch and a half greater in circumference than the left, was now nearly one inch less than the left. He could lie easily on both sides; his cough was almost gone; his respiration normal; a dull sound was elicited by percussion over the lower third of the chest, but sonorous elsewhere; the respiratory murmur, although still feeble, was distinct over the upper half of the chest. His pulse and general health were good, and at his own request he was allowed to leave the hospital on the 9th of June.

He returned on the 16th of the same month, his uneasy symptoms having partially recurred; and upon opening the wound, and introducing a gum-elastic tube, about eight ounces of thin purulent matter escaped. Slight feverish symptoms followed, and the respiration was somewhat impeded. Sulphate of quinine and digitalis were again ordered, and, under the influence of these, the discharge of matter diminished, and the wound closed on the 14th of July. The other symptoms completely disappeared; and all the functions returned to their normal state. The dull sound on percussion, and absence of respiratory murmur at the lower part of the right lung still remained. He was dismissed on the 17th of July, and by the end of August was able to enter the military service. *Ed. Med. and Surg. Journ.* from *Casper's Wochenschrift für die Gesamte Heilkunde*, July, 1840.

33. *Cure of Fissures of the Anus by Rhatany-root.* By Professor TROUSSEAU.—M. BRETONNEAU appears to have been the first who recommended the rhatany-root for the cure of fissures of the anus. He was led to try its effect in this complaint from remarking, that constipation is in most cases the cause of the fissures, and the great obstacle to their cure. That this constipation is in a great majority of cases attended with a dilatation of that portion of the rectum immediately beyond the sphincter, which forms thus a place of lodgment for the feculent matters, which sometimes amass there to such an extent, as, when expelled, to cause pains equal in severity to those of delivery. To correct this morbid state of the gut, whether it was accompanied with fissures or not, and restore it to its original tonicity, was the object which M. Bretonneau had in view in employing the rhatany-root. In several cases, then, of this state of the gut, attended with fissures of the anus, he found, that he effected a cure both of the constipation and the fissures, by administering in glyster the extract of rhatany-root, with the addition of a small quantity of the alcoholic tincture of the same.

Since the period when this mode of treatment was first made known, M. Trousseau has cured four cases, M. Marjolin one, and M. Berard, junior, two.

The mode in which M. Trousseau employs the rhatany-root is the following. He administers to his patient every morning a glyster of marsh mallows decoction, or simply of water, with the addition of olive or almond oil, in order to clear out the intestines. Half an hour after the intestine has been emptied, he gives an injection composed of thirty-eight drachms of water; one to two drachms and a half of the extract of rhatany; and five drachms and a half of alcohol, which the patient is desired to retain, if possible. The same styptic injection is repeated in the evening.

When the pain is once moderated, only one glyster is given daily; and when the cure appears to be completed, every alternate day only, for a fortnight longer.

He says he has derived considerable advantage from the employment of an ointment composed of one or two parts of the extract of rhatany to five of the butter of cacao.—*Ibid.* from *Gaz. Méd. de Paris*, 5th Sept. 1840.

34. *Subcutaneous Section of forty-two Muscles, Tendons, or Ligaments, practised the same day, on the same person, to remedy a general articular deformity.* By M. JULES GUÉRIN.—In a letter addressed to the Academy of Sciences on the 31st of August, 1840, M. Guérin states that on the 25th of that month he performed the section of forty-two tendons, muscles, or ligaments, to remedy a series of articular deformities of the trunk and limbs, caused by the active retraction of these muscles and ligaments. There were twenty-eight openings of the skin required. The following were the parts divided:

Trunk	Pectoralis major	1
	On each side biceps cubiti	2
The arms	„ pronator teres	2
	„ extensor carpi radialis	2
	„ flexor communis sublimis	2
	„ palmaris brevis	2
The forearms	Tendons of extensor carpi ulnaris on each side	2
	„ palmaris longus and brevis	4
	„ abductor pollicis	2
The legs	The sartorius on each side	2
	The biceps cruris	2
	The semi-membranosus	2
	The semi-tendinosus	2
	The rectus femoris	2
	Fascia lata	1
	External lateral ligaments of knee	2

The feet . . .	{	The tendo Achillis on each side	2
		The tibialis anticus	2
		The extensor communis	2
		The extensor proprius pollicis	2
		The peronei antici	2
		<hr/>	42

The patient only experienced moderate pain or fatigue, and did not complain during the operations, which lasted an hour. An hour afterwards he was in a sound sleep. He was very tranquil the following night and day. No inflammatory accident supervened, and on the third day, the twenty-eight wounds were completely cicatrized. The sections were made in the presence of many distinguished French and foreign surgeons. M. Guérin holds that he is not open to the charge of rashness, as he first established the absolute innocuousness of subcutaneous wounds by numerous experiments on animals, and then verified the same principle in man by a series of operations from the section of one muscle to that of a great number. He purposes to lay an account of his method of operating with its definite results before the academy in a future memoir.—*British and Foreign Med. Rev. from Gaz. Méd. de Paris*, Sept. 5, 1840.

35. *Solution and Absorption of Provisional Callus during Typhus Fever.* By Dr. SCHILLING.—An artilleryman received a fracture of the left femur on the 1st of September, and by careful management the ends of the bone were so firmly united in the middle of November, that he could bear some weight on the foot. Symptoms of typhus abdominalis, however, then set in, and ten days afterwards callus could no longer be felt, and the bones moved as freely and as easily upon one another as at the first examination after the reception of the injury. In six days more the patient died. The examination exhibited no trace of callus; the broken surfaces were bloody, like those in a recent fracture, and were surrounded by a sac-like membrane, which contained some black bloody fluid.—*Brit. and For. Med. Review, from Medicinische Zeitung*, September 16, 1840.

36. *On the Employment of large Doses of Tartarised Antimony in the Treatment of Articular Dropsies.*—M. GIMELLE, who some time ago published a series of facts, illustrative of the utility of tartar emetic in hyarthrosis, has continued his observations, and finds that when an articulation is the seat of synovial effusion, the same treatment is the most effectual for procuring speedy resorption. In twenty-eight cases the emetic tartar was given in increasing doses, commencing with four grains in the twenty-four hours, and increasing two grains daily till the dose was sixteen, eighteen, or twenty grains per diem, with the invariable effect of determining the resorption of the liquid in a space of time, varying from eight to sixteen days. Of twenty-eight cases of effusion of synovia into articulations, twenty-two had their seat in the knee-joint; three were double, and two were in the shoulder-joint; one was in the elbow, and one in the ankle. All the patients took the emetic tartar in infusion of linden tree with syrup of poppies. In eighteen the tolerance was established on the first day, in two on the second, and in two on the third. No accident occurred to any of the patients after the tolerance was established. The dose of twenty grains was never exceeded, and in all the cases the effusion was absorbed in the space of eight, ten, or sixteen days—longest period during which the remedy was administered. In twenty-five cases the pain and stiffness felt in the affected articulations diminished at the same time and degree with the effusion, and when the latter had disappeared, the patients could walk as easily as before they were attacked by the disease. In two cases, however, though the liquid disappeared in the ordinary time, the pain remained in one case for a month and in the other for forty days. In one case the remedy was carried to twelve grains without benefit, and as it was one of very old standing, it was thought proper to relinquish the medicine.

We give the following cases, as they are very interesting proofs of the value of the treatment employed.

CASE I. A man, aged seventy-three, was affected by a very large hyarthrosis of the left knee, which extended into the hollow of the ham, where it formed a tumour of the size of the fist, which disappeared on strong pressure, and became visible on each side of the patella. M. Pasquier prescribed the emetic after the form of M. Gimelle. The dose was successively carried to 16 grains; the patient experienced no inconvenience, his appetite continued good, and on the sixteenth day all the signs of effusion into the articulation had disappeared. Two days afterwards the patient was dismissed entirely cured.

CASE II. On the 10th of September, M. Gimelle was called to a student, aged twenty-one years, with an hyarthrosis of the right knee, which had been treated without success during six weeks by leeches, blisters, compression, frictions, and embrocations. M. Gimelle prescribed the tartar emetic. The patient's appetite continued good, and he had no inconvenience. The doses of twelve grains was not exceeded, and fourteen days after this treatment was commenced there was no trace of synovial effusion, the patient feeling merely a feebleness of the limb.

CASE III. A healthy female, aged twenty-three, in a journey from Tours to Paris, caught cold during the night, and, on her arrival in the capital, experienced pains in the right knee. M. Gimelle considered this case one of commencing hyarthrosis, and prescribed without delay a gummy potion with four grains of tartar emetic and an ounce of syrup of poppies. Five or six vomitings, and afterwards alvine dejections followed, but the pain was relieved in the night and the patient could move the limb. On the second day the catamenia appeared and the emetic was suspended for five days, during which the pain reappeared and the effusion increased, and the articulation became very red and hot. The emetic was then resumed, four grains being given on the first and second day; it produced three or four vomitings, and as many stools. Tolerance was established on the second day, there was a diminution of the synovial tension, and the patient could bear slight movements of the limb without much pain. On the third day six grains were given, eight on the fourth, ten on the fifth, twelve on the sixth, and fourteen on the seventh; the tolerance continued, and the amelioration was progressive. On the eighth, ninth, and tenth days, sixteen grains were given, and on the tenth day the synovial effusion had completely disappeared.

In none of these cases did M. Gimelle precede the employment of the tartar emetic by local or general bloodletting. Nevertheless, he thinks that if the fever be intense, and the articulation present great heat and redness, or if there be great irritation of the digestive organs, it would be proper to combat these symptoms before administering the emetic tartar. By this preliminary treatment we should diminish the chances of gastric irritation, probably facilitate the tolerance, and consequently the action of the remedy.

The most constant effects of the tartar emetic were diminution in the force and rapidity of the pulse, enfeebling of the voice, fatigue and coloration of the eyelids (known by the name of *yeux cernes*), and abundant perspirations during the night. Five patients had vomitings, two during one day, one two days, and two during three days. Eight had very abundant alvine dejections, lasting from one to three days: in three the vomiting and purging coexisted. Sixteen experienced neither vomiting nor purging. In the majority the appetite was unaltered; and in those cases where it was disturbed, it was re-established with the tolerance. The quantity of urine was diminished, which M. Gimelle attributed to the abundant perspirations. All the other functions were performed as in the healthy state. The quantity of food the patients had taken when in health was not diminished, and often increased. Lastly, M. Gimelle saw all the patients some months after treatment, and many of them after some years, and in none did any accident occur.—*Brit. and For. Med. Review from Bulletin Général de Thérapeutique*, July 1840.

37. *Looseness of the Teeth.* By Dr. GRAVES.—Among the various causes which produce looseness of one or several teeth, none is more common than inflamma-

tion of the alveolar processes and sockets. Sometimes this originates in disease of the tooth itself, or of the gums; but in other instances, the diseased process commences in the alveolar periosteum, and by spreading to the sockets and gums, it gives rise to great pain, swelling, and sponginess of the latter, while it eventually detaches the fangs of the teeth implicated in the attack, from the grasp of the sockets, and thus at last the teeth fall out, though in themselves they exhibit no appearance of decay.

The progress of the disease is accompanied by extreme pain, and as a puriform discharge oozes out from between the gums and the inflamed periosteum, many limit their attempts to local means, and often succeed in effecting a cure by frequent applications of leeches to the inflamed gum, and in very obstinate cases, by incisions freely made through the gums and inflamed periosteum. Last year a patient of mine was thus affected, and thus treated, and although under the care of a most skilful surgeon, and of an eminent dentist, he lost successively a left bicuspid and molar of the upper jaw. His sufferings were for a short time relieved by the extraction of each tooth, but in a few days became as agonizing as ever, when finding all the neighbouring teeth loose, and being told that they also must soon be drawn, he had recourse, in despair, to a celebrated homœopathic doctor, whose infinitesimal doses completely failed; for the patient's sufferings were produced by a direct physical cause, which lay far beyond the limits to which the influence of even the most powerful imagination can possibly extend. Happening to mention his wretched state to me, I immediately recollected, that a year before I had successfully treated him for a periostic affection of the sternum and ribs, and that hydriodate of potash was the medicine which served him most. I recommended him to use ten grains of it three times a day, and had the satisfaction of perceiving a daily improvement, so that pain and inflammation soon ceased, and in about ten days the teeth were all fastened.

The periostitis to which this gentleman was liable was of a rheumatic nature; otherwise his constitution was sound, and he was only thirty-four years old.—*Dublin Journal Medical Sciences.*

38. *Crural Hernia—Operation—Death.*—Mr. PORTER communicated to the Surgical Society of Ireland, the following interesting case:—A man 70 years of age, was admitted into the Meath Hospital on Sunday evening, with symptoms of strangulated hernia. He had a tumour in the left groin, resembling in size and shape, the longitudinal bisection of a turkey egg; above it, the line of Poupart's ligament could be felt, and from a brief examination, Mr. Porter was satisfied, that it was a case of crural hernia. The man vomited, and had considerable pain. As persons at that time of life, bear strangulation of the intestine very badly, and sink very rapidly under its effects, Mr. Porter thought there was no time to be lost, and proceeded without delay to the operation. Previous to this, however, he was anxious to ascertain the contents of the tumour, and with this view, made careful percussion over the whole of its surface. It sounded dull at every spot but one, where there was a slight degree of clearness. This led him to conclude, that it was an old omental hernia, but that a knuckle of intestine had recently slipped down, and becoming strangulated, had given rise to the bad symptoms. In performing the operation, he took very considerable pains to avoid the spermatic artery, and in particular, only introduced as much of the blade of the knife as would be barely sufficient to free the stricture. Having removed the stricture, he replaced the knuckle of intestine with great facility, but when he attempted to reduce the omentum, he found it strongly adherent. This occasioned a considerable degree of perplexity, for Mr. Porter has found by experience, that leaving the omentum in the wound leads to bad unhealthy sloughing, which generally proves fatal, while on the other hand, excision is highly dangerous where there are large veins, it being a matter of great difficulty to prevent hæmorrhage into the cavity of the abdomen. He therefore, adopted the only alternative, which, under the circumstances, appeared to him to be least pregnant with danger. Having carefully divided the adhesions, until the prolapsed portion of omentum was quite free, he re-

turned it with as little disturbance or handling as possible, and closed the wound. The man went on well on the following Monday, Tuesday, and part of Wednesday. He slept tolerably well, had two or three discharges from his bowels daily, and complained of nothing but an old cough, which disturbed him from time to time. On Wednesday afternoon, he said he felt considerable pain in the belly. Mr. Porter examined him, and found a hard tumour near the place where the hernia had existed; this he concluded to be the returned portion of omentum in a state of inflammation. Leeches, purgatives, and all the usual means were tried, without avail, the man's bowels became obstinately constipated, and nothing could move them. The tube was introduced by Mr. Parr, with his usual dexterity, and enemata of various kinds administered, but without effect; symptoms of peritoneal inflammation set in with great intensity, and the man died about forty-eight hours after the first appearance of the attack. On dissection, marks of extensive peritoneal inflammation were discovered. The omentum adhered to the parietes all along the front of the abdomen, and was divided by the incision, which opened the cavity of the latter. The prolapsed knuckle of intestine, was of a darker colour than the rest of the tube, but was otherwise sound. The omentum was hypertrophied and the part which had been protruded was so dark in its colour, and of so offensive a smell, that Mr. Porter looked upon it as gangrenous. The next step was to dissect carefully about the seat of stricture, in order to verify the amount of danger incurred in dividing it. He did not intend to enter into any anatomical disquisitions on the occasion, but merely to state the facts, and these were, that in dividing the stricture, the edge of the knife had gone within half a line of the artery, and had it gone the least bit farther, the vessel must have been wounded. This fact showed the value of Scarpa's advice, and the danger to be apprehended from the proximity of the spermatic artery. Besides, it is sometimes difficult to say whether the hernia be an inguinal or a crural one. A very curious feature in the case was, that the man should have gone on so well for three days after the operation, and then that inflammation should have commenced at one spot, and extended so rapidly over the whole abdomen.

Mr. HARGRAVE said he had operated on a case of hernia, in which there was a large portion of protruded and adherent omentum. He cut away nearly the size of a small orange; not thinking it advisable to replace it, the patient went on very well for some hours, and then sank apparently of internal hæmorrhage. He would sooner apply a small ligature to restrain venous hæmorrhage, than run the risk of effusion into the abdomen.

Mr. M'Coy mentioned a case of old inguinal hernia which had become strangulated. After removing the stricture, he found that a portion of omentum was so strongly adherent, that he could not separate it without a very tedious dissection. He left it in its situation, and closed the wound. The man recovered and remains still with a tumour in his groin.—*Dublin Med. Press.* January 8, 1840.

MIDWIFERY.

39. *Hæmorrhage into the Abdominal Cavity after Labour.*—An interesting case of this is related in the *Lancet*, (5th Sept. 1840,) by Mr. WARWICK. The subject of it was a female æt. 28, apparently in perfect health, who was taken in labour two or three weeks before her expected time. Labour pains came on in the morning, and Mr. W. was sent for about five in the afternoon. He found the os uteri dilated to about the size of a half crown; parts generally soft and dilatable; pains recurring at regular intervals, but weak and unfrequent. The patient was rather restless. The labour progressed gradually but slowly for about two hours, when suddenly uterine contraction came on; one pain expelled the head and shoulders; another the body, placenta, and a large coagulum of blood immediately afterwards. The uterus contracted at once to its usual size

after delivery. The patient was faint and much exhausted. A quarter of an hour afterwards Mr. W. found her still in the same condition, and she replied when asked how she was, that she was flooding violently. There was no unusual flow of blood externally, however, and the uterus remained contracted. She soon afterwards revived so much that Mr. W. left her about 8 o'clock. She continued to all appearance doing well for two hours, when she again became faint and restless: convulsions came on, and she died before Mr. W. could return.

On *post mortem* examination, about 20 ounces of blood were found in the abdominal cavity; the uterus was contracted to the size of an infant's head; its anterior surface was fissured in several places, the fissures varying from half an inch to an inch in length, but not extending deeper than through the peritoneal covering.

40. *On the danger of injecting Fluids into the Uterus.* By M. HOURMANN.—M. Vidal recently recommended the employment of injections into the cavity of the uterus for the cure of various affections of that organ, and stated that he had found their use very efficacious, and never followed by any unpleasant symptoms. Bretonneau, Ricord, and others who had made use of this practice, had, however, arrived at a very different conclusion, as they found these injections liable to produce many disagreeable effects, acute peritoneal inflammation and death.

M. Hourmann relates a case where violent abdominal pain, followed by metro-peritonitis, was caused by means of injecting a decoction of walnut leaves into the uterus, for the cure of an obstinate leucorrhœal discharge, which had been traced to come from the cavity of that organ. The patient recovered in consequence of a violent attack of hæmorrhage from the uterus, occurring most opportunely within forty-eight hours after the administration of the injection.

M. Hourmann, wishing to ascertain whether these dangerous symptoms could be produced from a portion of the fluid having passed through the Fallopian tubes into the cavity of the abdomen, found, on injecting fluid into the uterus after death, that such was actually the case. M. Nelaton, in repeating the same experiments, observed a still more extraordinary circumstance. The liquid injected into the uterus of a woman who had died of an attack of erysipelas of the face, did not penetrate into the Fallopian tubes, but distended one of the veins of the broad ligament of the uterus, pushing before it bells of air.—*Ed. Med. and Surg. Jour.* from *Journal des Connaiss. Méd. Chirurg.* July, 1840.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

41. *Temperature of the Body after Death.*—It is, probably, a prevalent opinion, that the body after death soon acquires the temperature of the surrounding air, particularly if it be lightly covered. However true this may be, as to the external parts, it would seem, from the observations of Dr. JOHN DAVY, to be far otherwise in the internal organs, even many hours after dissolution. The following abstract is obtained from a paper in his "*Researches Anatomical and Physiological*," and it may be of some use to examiners, in deciding, how long since, a body has been dead.

The first table relates to deaths that occurred in the British Military Hospital at Valetta, in the Island of Malta in 1828 and 1829. The subjects were all soldiers, and their bodies were in almost every instance removed immediately after death, to a large, airy, and comparatively cold room, covered merely with a sheet and placed on a table of wood.

	Age.	Day of Death.	Disease.	Time of Examination after death.	Temperature of the Room.	Temperature under the Heart.
1	23	Aug. 6, 1838.	Acute Rheumatism,	3½ hours	86°	113°
2	27	Do. "	Sudden,	6 hours	86	103
3	25	Aug. 24, "	Fever,	4½ hours	80	97
4	21	Sept. 11, "	Acute Dysentery,	4½ hours	82	103
5	23	Oct. 16, "	Acute Rheumatism,	14 hours	69	88
6	24	Nov. 4, "	After Amputation,	12 hours	68	93
7	23	Nov. 8, "	Acute Dysentery,	3 hours	66	98
8	33	Dec. 1, "	Apoplexy,	2 hours	62	88
9	23	Dec. 3, "	Consumption,	5 hours	61	90
10	28	Jan. 31, 1829.	Hepatitis,	17½ hours	59	82

In No. 5, the temperature under the lobulus spigelii was ascertained, and not under the heart.

In none of the above cases, according to Dr. Davy, had putrefaction taken place. "It had hardly obscurely commenced."

That these results were not dependent on the warm climate of Malta, is evident from the second series of observations which were made at the General Hospital at Fort Pitt, Chatham, England.

	Age.	Day of Death.	Disease.	Time of Examination.	Temperature of the Air.	Temperature under the Heart.
1	26	Jan. 17, 1838.	Consumption,	28 hours	30°	52°
2	19	Jan. 20, "	Pericarditis,	16 hours	40	67
3	29	Jan. 26, "	Consumption,	18 hours	40	63
4	18	Feb. 9, "	Do.	29 hours	43	57
5	35	Aug. 17, "	Malignant Tumour,	5 hours	68	94
6	40	Aug. 18, "	Chronic Dysentery,	4½ hours	68	93
7	22	Aug. 19, "	Tubercles, &c.	18 hours	68	72
8	26	Aug. 19, "	Dysentery,	16 hours	72	81

In these last cases, the temperature of the brain was also frequently observed, and it averaged from five to ten degrees lower than that of the heart. T. R. B.

42. *Feigned Deafness.*—"A recruit from Cork who joined the depot of the East India Company at Chatham, alleged that he had almost totally lost the sense of hearing, and the testimony of his comrades from Ireland served to support his statement. Dr. Davies, surgeon to the depot, admitted him into the hospital and put him upon spoon diet. For nine days, Dr. Davies passed his bed during his daily visit to the hospital, without seeming to notice him. On the tenth day, he felt his pulse and made signs to him to put out his tongue; he then asked the hospital serjeant, what diet he gave the man. *Spoon diet*, replied the serjeant. The doctor affected to be displeased, and in a low voice said, are you not ashamed of yourself; the poor fellow is almost starved to death, let him instantly have a beef steak and a pint of porter. The recruit could contain himself no longer. With a countenance expressive of gladness and gratitude, he addressed Dr. Davies, "God Almighty bless your honour, you are the best gentleman I have seen for many a day."—*Marshall on the Enlisting and Discharging of Soldiers*, 2d edition. T. R. B.

43. *Rupture of the Heart, from external injury or violence*, is probably an extremely rare occurrence. I have only been able to collect the following instances:—

1. A man aged 42, in general good health, was found dead in April 1823, in a chalk pit, in the neighbourhood of Chatham (England), at the foot of a precipice between 50 and 60 feet deep, the greater part of it perpendicular. Exter-

nally, there was no mark of violence or appearance of contusion. The neck of the right thigh bone was found to be fractured. On opening the chest, a quantity of blood was found in the left pleura and the pericardium. The right auricle and ventricle, and the left ventricle were uninjured, but the left auricle and aorta were each ruptured, the former in two places. There were no marks of organic disease in any part of the heart. This case is related by Dr. JOHN DAVY, in his *Anatomical and Physiological Researches*, and he states as the result of his examination of authors, that there is but one other case recorded of "rupture of any part of the heart, from a force acting through the medium of other parts, on this organ, apparently free from disease, and in its perfectly normal healthy state."

2. This is noticed by PORTAL in his *Anatomie Medicale*. The wheel of a cart loaded with stones, passed over part of the chest of a young man. Death ensued almost immediately, and the left auricle was found open. Chaussier who examined the body, attributed the rupture to compression of the aorta by the wheel, and to over-distension of the auricle with blood, the consequence of that obstruction.

3. Dr. JOHN GAIRDNER, in the *Edinburgh Medico-Chirurgical Transactions*, Vol. I, p. 662. The subject was a girl ten years of age. The wheel of a loaded cart passed over her body, and her death was quite instantaneous.

There was scarcely any perceptible impression of the wheel externally, and no subcutaneous extravasation, except a very slight one under the left nipple. Not a rib was broken. The abdomen was perfectly natural. In the thorax, the only deviation from the healthy state was rupture of the heart, with extensive laceration of its substance. Both auricles and both ventricles were laid open by the laceration, and the septum was torn to shreds. About one-half of the substance of the heart had burst a way for itself through the pericardium into the right cavity of the thorax.

4. Professor GEOGHEGAN mentions another in the *Dublin Medical Press*, of a girl aged 7, struck by the wheel of a jaunting car. She was instantly killed. On examination, not the slightest external mark of violence could be discovered; but the heart was ruptured throughout almost its entire length. Dr. G. refers to additional instances mentioned by Professor Christison in his lectures.

5. Mr. JEFFERY, *London Medical Gazette*, Vol. 26, pp. 464. A smuggler was found dead under the cliffs at Sidmouth, having fallen from a height of about 100 feet, whilst drawn up with some kegs of spirits. There was a few slight bruises about the body, but no penetrating wounds or fractures. The right auricle was ruptured, so as to admit the little finger. He was an individual in good health, and there were no marks of organic disease.

T. R. B.

44. *History of a supposed Hermaphrodite*. By ROBERT MERRY, Surgeon, and its dissection by SIR ASTLEY COOPER.—Mary Bennet, aged 86 years, died in 1840, of a gradual decay of her natural powers. She had resided in Herefordshire for the greater part of her life, obtaining her bread generally as a straw-plaiter, and occasionally going out as a char-woman. She was extremely muscular and powerful, capable of severe labour. As a girl, previous to puberty, nothing is positively known about her, but there was a rumour, that she was not formed like other girls. No menstrual secretion ever appeared during her life; she had nipples, but no protuberant breasts. Her voice was gruff and masculine, as was her general appearance. She was never married, disliked the society of men, and shunned that of women, and during the greater part of her life, inhabited a cottage by herself.

Mr. Merry, soon after death, removed the parts of generation, and gave them to Sir Astley Cooper. "The pudenda and mons veneris had their usual clothing, and upon separating the labia, the glands and corpus clitoridis appeared of a very unusual length, being elongated to two inches. The papillæ of the glans were particularly large and conspicuous, and must have possessed an extreme degree of sensibility. There was a slight depression in the glans where the urethra might have been supposed to exist, but there no opening existed. Much nearer to the pubes, on the lower part of the clitoris towards the perinæum, the

urethra appeared open upon its under side, and some lacunæ were seen there, but under the arch of the pubes, a circular opening existed, which was the urethra, resembling the orifice of the meatus urinarius." The labia projected on each side of the clitoris, but they contained no testes, and the projection was found to consist of fat. A bougie passed readily from the urethra into the bladder. In the urethra, under the pubes, *when its canal was opened*, there appeared a longitudinal opening between the folds of membrane. This opening or slit led directly into the vagina; it was longer from before backwards, than from side to side, and its size would allow a common pen to enter it. The vagina had no os externum, but only this slit from the urethra. It terminated in a well formed os uteri. The uterus was of its usual form, and had a Fallopian tube attached to its fundus, and the ligaments of the ovaria to its side. On the right side, the ovarium remained and had its usual internal appearance, but it was not more than half its natural size.

"This woman, therefore, (concluded Sir Astley,) differed from others in the magnitude and length of the clitoris, in the absence of the external orifice of the vagina, which began from the urethra itself, and in the imperfect development of the ovarium." And to this imperfect development, he ascribes the suppression of the menstrual secretion.—*Guy's Hospital Reports*, for October, 1840.

T. R. B.

45. *Injurious and poisonous effects of the Hydriodate of Potash and Iodide of Starch.*—Dr. LAWRIE, of Glasgow, relates several instances, as coming under his own observation. In one case, two and a half grains of the hydriodate were prescribed daily. After the third dose, dryness and irritation of the throat came on, which ended in all the symptoms of severe spasmodic croup. Active remedies were needed to remove the complaint. Similar consequences occurred in several other persons. To a patient admitted into the Glasgow Infirmary, for a cancerous ulcer at the root of the tongue, a drachm of the iodide of starch (containing only one grain of iodine) was prescribed morning and midday; with extract of hyoscyamus at bed time. After taking ten doses, he was seized with dyspnoea and swelling of the throat, which gradually increasing and not much relieved by an emetic, ended in sudden death. The body was not examined. In another instance, the hydriodate, with infusion of quassia, was directed for sinuses after buboes and secondary ulcers on the thighs. After taking this for about a fortnight, dyspnoea also came on suddenly, which refused to yield to active remedies, and death soon followed. Dr. Lawrie regrets that tracheotomy was not employed. On dissection, the mucous membrane of the larynx and adjacent parts was found œdematous, and the right lung congested.

Dr. Lawrie has no doubt of the iodine being the cause of death, in each of these cases, and that it exerts its poisonous influence on the mucous membranes of the air passages, not as a direct irritant, but indirectly through the circulation, in the form of acute inflammation.—*London Medical Gazette*. July, 1840.

T. R. B.

46. *Action of Bromine and its Compounds.*—At the annual meeting of the British Association, for the advancement of science, in September last, held at Glasgow, Dr. REID communicated a paper by Dr. R. M. Glover, "on the medicinal action of Bromine and its compounds." The principal conclusions from the experiments made, to ascertain its physiological action, were as follows:—whether bromine be taken into the lungs in the form of vapour, or in the fluid form into the stomach, or be injected into the circulation, it acts purely as a corrosive or irritant; the action on the primæ viæ is different from that of hydrobromic acid, into which bromine is converted, when absorbed into the circulation. The author extends this observation by analogy to chlorine and iodine and their hydracids. Bromine exerts an action on the rectum, like that of iodine; it is also tonic and diuretic; its remedial virtues are chiefly conspicuous as an external application in the treatment of scrofulous, syphilitic, malignant and specific ulcers; in these cases, it appears to act as an excitant, and perhaps as a mild

caustic; it is also useful in some chronic diseases of the skin. The bromides of potassium, sodium and mercury, resemble much more the chlorides of these bases than the iodides, in their physiological action. The bibromide of mercury has no advantage over the bichloride, as a remedy, contrary to what has been asserted by some French writers. The bromide of cyanogen possesses a double action; in a powerful dose it operates like prussic acid; in a moderate one it produces the most violent symptoms of irritant poisoning, &c.; perhaps the most powerful irritant known. Ammonia is its best antidote. The chlorides and bromides of olefiant gas exercise a remarkable action, introduced either into the stomach or circulation; in the former they produce, in a large dose, death by coma; in a smaller dose, loss of power over the voluntary muscles, sensibility being retained, with difficulty of respiration, from effusion into the lungs; in the latter, when injected into the veins, they cause almost instant death, producing great congestion of the lungs and destroying the irritability of the heart; in smaller doses, death is produced in the same manner as by their introduction into the stomach.—*Athenæum*. October 3, 1840. T. R. B.

47. *On a Mode of Detecting Minute Portions of Arsenic*.—By Dr. CLARK, of Aberdeen. This mode has been applied by the author, to the detection of arsenic in commercial specimens of the metals tin and zinc. Grain tin, made in Cornwall, contains arsenic, which seems to be the occasion of the peculiar smell of the hydrogen evolved from that metal by the action of acids. All the specimens of commercial zinc, that the author has happened to try, were found to contain arsenic. Pure muriatic acid, diluted with distilled acid, is poured upon the metal, and the hydrogen evolved is passed first through a solution of nitrate of lead, and next through a solution of nitrate of silver. Nitrate of lead seems not acted upon by arseniuretted hydrogen, at least, when in very small proportion, but were any sulphur present in the metal, sulphuretted hydrogen would be evolved in consequence, and the solution of nitrate of lead would be blackened, which, however, the author did not observe ever to occur. But nitrate of silver seems immediately to be acted upon by most minute portions of arseniuretted hydrogen. A bluish black precipitate is formed, which, to judge from a qualitative analysis, appears to be an arseniuret of silver. This bluish black precipitate may be collected with remarkable facility, from its falling readily from the solution, which it leaves perfectly clear. Heated in a small tube, so that the matter heated comes into contact with the air, the bluish black precipitate evolves arsenious acid, which, by the liquid tests, may be further satisfactorily recognized. Antimony produces a similar precipitate, so that the mere appearance of the precipitate is not enough, without the production and recognition, by the usual methods of the arsenious acid. By a few evident modifications, this method may be applied to medico-legal investigations.—*Athenæum*. October, 17, 1840. T. R. B.

48. *On the Tests of Sulphuric Acid when thrown on a Person*. By R. D. THOMSON, M. D.—A case had lately occurred to Dr. T. and which was brought before the last session of the Central Criminal Court, which proved that the mode of determining the presence of free acid by mere testing, was by no means satisfactory. A woman in a fit of rage, threw a quantity of oil of vitriol at the face of a cab master, and before he could wash off the acid, two minutes had expired; the consequence was loss of vision in the eye. But besides having the eye injured, his hat was also discoloured. This was sent to Dr. Thomson, to determine the nature of the agent used. The result was, that this hat, as well as an uninjured one, contained sulphuric acid, as tested by nitrate of barytes and a solution of the soluble matter of both states of this article of dress, afforded an acid reaction. It was therefore necessary to adopt some method which would afford a discriminatory test between the free and combined acid; the usual mode, viz., by boiling with carbonate of lead, and concluding if any insoluble sulphate of lead was formed, that the acid existed in a free state, was found to be totally fallacious, because carbonate of lead, contrary to the opinion stated in works of

medical jurisprudence, decomposes sulphate of soda. Besides, it was shown that many of the so called neutral sulphates exhibit, in reality, an acid re-action upon test paper, as in the instances generally of sulphates of potash, iron, soda, barytes, and also in the cases of alum, &c., and hence the excess of acid attached to these salts, would be apt to act as free acid upon the barytes test. The author, therefore, concludes, that the only demonstrative proof which chemistry affords, is a quantitative analysis. Thus he found the entire hat to contain .356 per cent. of sulphuric acid, probably in the state of alum and copperas, and the injured hat 1.379 per cent.; or in other words, the hat had received from the injury 1.023 per cent. of free sulphuric acid. Here then was afforded clear evidence of the nature of the agent employed, and which could not have been conclusive, if the matter examined had only amounted to a drop or stain.—*Althenzum*. October 10, 1840. T. R. B.

49. *Hydrated Peroxide of Iron in Poisoning with Arsenic*.—Dr. B. PUCHELT the son, records in the *Medicinische Annalen*, (No. 4, Vol. V.) seven cases of poisoning with arsenic successfully treated with hydrated peroxide of iron.—*Gaz. Méd de Paris*, April 18, 1840.

50. *Lemon Juice the Antidote for Poisoning by Hyoscyamus*.—Dr. MEDORO relates in the *Giornale per service di progressi della Pathologia et della Therapeutica*, (February, 1840,) four cases, where the poisonous symptoms resulting from an over dose of hyoscyamus, were instantly arrested by the administration of lemon-juice.—*Edinburgh Med. and Surg. Journ.*, Jan. 1841.

51. *On the True Nature of the Hymen*. By M. J. J. VIREY.—M. Virrey endeavours to prove that the hymen is nothing else than the raphe of the median line, dilated and dehiscent in the sexual organs of the mammiferous females, and analogous to the frænum of the *glans penis* of the male sex. In the male the suture of the raphe remains connivent; but in the female, on account of the natural opening of the vulvo-uterine canal, this suture remains distended, stretched, and dehiscent.

From the comparison of the genital organs of the two sexes, he arrives at the conclusions; 1. That the fold of skin called the prepuce is analogous to the nymphæ; and, 2. That the membrane of the hymen is analogous to the frenum of the glans. 'This, he thinks, is very clearly proved in the case of hermaphrodites, and in embryos at the age when the sexual organs, still imperfectly developed, have not acquired their external development. The penis is then no larger than the clitoris, the urethral canal opens inferiorly, whilst the scrotum is retracted inwardly, and constitutes the vulvo-uterine canal. But at the entry of this canal the raphe is obliged to dilate into a membrane which afterwards splits in its middle. It is thus that the hymen is formed in the female, evidently the same organ as the frenum of the glans in the male, which extends downwards, and forms the raphe in the perinæum.

Nature has not then created, as has been often supposed, in the hymen an express and especial organ for the sexual organs of the mammiferous females; (for it exists in most mammiferous animals, as M. Duvernoy has shown,) it is a simple modification of the same raphe which connects the two halves of the body, and which in one place forms the frenum of the tongue, of the penis, of the clitoris, and is shown clearly in the perinæum.—*Gaz. Méd. de Paris*, June 20, 1840, from *Edinburgh Med. and Surg. Journ.*, Oct. 1840.

52. *Complete Absence of Menstruation*. By M. KRUGER-HANSEN.—A woman of about 53 years of age, of a robust constitution, and who had always enjoyed good health, much younger in appearance than she really was, and in whom all the feminine characters were well developed, never in the whole course of her life had any discharge at all similar to the menses. She never had *fluor albus*, or any abnormal sanguineous discharges or sweats, to compensate for the want of the usual monthly secretion. It is added that the sexual appetite was

present, but that she never had borne children. M. Kruger-Hansen, from this single imperfect case, draws the conclusion, that the menstrual discharge is not absolutely necessary to woman. It is obvious, however, that, before such a conclusion could be drawn, it would be necessary to ascertain whether all the organs were present, and well developed. The omission of this renders the case incomplete.—*Ibid.*, from *Graefe's und Walter's Journal*, vol. xxvi, No. 3.

53. *Wound of the Thoracic Aorta.* By Mr. SMITH.—A boy, 16 years of age, was stabbed with an iron nail rod in a scuffle with a smith who worked in the same forge with him. The instrument entered the left side between the sixth and seventh ribs, passed through the lung close to its root, and entered the aorta about an inch above the opening in the diaphragm for the passage of that vessel. The boy died about three and a half minutes after the receipt of the injury. About a pint and a half of coagulated blood was found in the cavity of the pleura. The cellular coat of the artery was only partially divided by the instrument, whilst the middle coat and lining membrane were ruptured throughout their entire circumference.—*Ibid.*, from *Dublin Journal of Medical Sciences*, July, 1840.

MISCELLANEOUS.

54. *Increase of Small-Pox in London.*—It will be seen by the following extract from a circular issued in November last, by the Registrar-General, of births, deaths, and marriages, that small-pox is rapidly increasing in England.

"The deaths from small-pox have rapidly increased within the present year. The deaths in the metropolis at the close of 1839 were 5 *weekly*; last week the deaths registered from small-pox amounted to 54. The rate of increase will be apparent from the subjoined statement.

"Registered in the 10 weeks.

January 5	—	March 14	72, or 7 weekly.
March 15	—	May 23	116, or 12 "
May 24	—	Aug. 1	148, or 15 "
Aug. 2	—	Oct. 10	225, or 22 "

"The deaths from small-pox in the metropolis are now about 5 *daily*; and at the previous rates of increase will, unless prevented by vaccination, amount to 338 by Christmas, or in the next 10 weeks."

55. *Death of Sir Astley Cooper.*—It is with extreme regret that we record the death of this eminent surgeon and excellent man, which took place on the 12th of February, in the seventy-third year of his age.